The Unpackaging of Routine in Older Women

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Objective. A qualitative research design using grounded theory procedures and techniques was used to explore how routine changed in later adulthood for seven Caucasian, college-educated, middle-class women who were not employed and who were free of major functional impairments.

Method. In-depth interviews, observations, an autobiography, and researcher-generated memos provided data. Data analysis involved concept formation, concept development, and conceptual modification and integration. Data collection and analysis were concurrent, iterative, reflective, and reflexive.

Results. Although the participants used routines to facilitate their well-being, they reported doing so to a lesser extent than when they had children living at home or when they worked. These participants unpackaged routines and molded them into increasingly flexible time-use strategies in response to age-related changes in their ecocultural niche, philosophy of life, and physical status.

Conclusion. That the participants sought less obligation and more freedom as they aged may influence the way they respond to a health care practitioner’s advocating for an increase in routine. Interventions with older women must be compatible with existing routines and family themes and directly linked to well-being.

Literature Review

Literature that provides functional–pragmatic, ecocultural, and sociotemporal perspectives of time use and routine is included here to situate the present study in essential contexts. It also supports and expands the theoretical and conceptual frameworks that emerged from the study’s data.

Functional–Pragmatic Context of Routine

The functional–pragmatic context perspective was evident in the literature during the formative years of the profession and provides insights into the belief that habits and routines are important for good character development. Writings during this period emphasized...
the importance of routine to both prevent the development of bad habits and establish and reinforce ones that form good character (Dewey, 1922; James, 1892/1985; Peirce, 1957).

Habits are best developed and practiced in routine occupations. Routine provides the discipline in which habits are temporally anchored and practiced and thereby becomes a means to form as well as to express one's character. Likewise, the founders of occupational therapy emphasized the importance of routine to normalize the daily occupations and environment of persons with mental illness.

Meyer and Slagle built on the basic premises of pragmatism and functionalism and skillfully integrated William James's (1892/1985) statements about habit into the training programs that they established in many psychiatric facilities. Occupational therapy provided actual doing and practice experiences in which to develop and relearn habits considered to be "healthy." It was primarily through the work of Meyer (1922/1977) and Slagle (1922, 1934) that occupational therapy was based on the proposition that there is both health-maintaining and health-generating potential in purposeful use of time and daily routines.

Kielhofner (1977) echoed Meyer and Slagle by saying, "Habits are the basic structures by which daily behavior is ordered in time and psychosocial health is maintained" (p. 239). Habits are composed of actions reflecting one's values and interests that have become ingrained over time into daily living patterns. Thus, habit reflects the moral underpinnings of Peirce (1957) and James (1892/1985) in that it reflects one's character as well as organizes one's daily life and provides familiarity and predictability. Kielhofner and colleagues incorporated habit and temporal adaptation into the systems model of human occupation in which function and dysfunction are delineated in terms of the ability of the existing habit patterns to meet both the needs of the person's volitional subsystem and the demands of the environment (Kielhofner, Barris, & Watts, 1982; Kielhofner & Burke, 1985).

In a review of the literature on habit, Zemke (1994) synthesized her findings with concepts of occupational science and occupational therapy. Her many case examples illustrated that current postmodern thinkers regard habits as vital elements of a narrative creation of the self. In this context, routines and habits are meaningful and directly linked to the formation and expression of one's identity.

Ecocultural Theory and Routine

In addition to understanding functional–pragmatic influences on routine, ecocultural theory explains why and how family routines are an adaptive strategy. Ecocultural theory hypothesizes that the key adaptational problem for the family is the organization of the daily routine so that it is sustainable, meaningful, and congruent with individual needs of family members and with family themes (Weisner, 1984). A central family dynamic is the parents' drive to construct and sustain a daily routine for themselves and their children that provides what they consider to be proper care, supervision, and stimulation for their children (Weisner, 1984). Parents accommodate their ecological constraints and resources with their cultural values, customs, and practices as they actively transform mundane chores to provide developmentally important experiences for their children (Gallimore, Goldenberg, & Weisner, 1993). The sociocultural environment that surrounds the family, as well as the scripts, plans, and intentions of the members inside that niche as they engage in everyday activities, is referred to as the ecocultural niche (Weisner, 1984). The interactions during these routines socialize the child to the values and practices of his or her culture by providing many daily opportunities to model and reinforce family values and goals. It is this explicit recognition of ecocultural social construction processes that distinguishes ecocultural theory.

Other researchers have also investigated relevant aspects of family routines. In a study of family routines and their relationship to the development of a sense of stability and permanence, Boyce, Jensen, James, and Peacock (1983) found that family meaning is made and reinforced through daily routines and that we learn to organize our lives with the patterns acceptable to our cultural heritage as interpreted through our family. DeVault's (1991) research described how the details of everyday meals reflect the family members' idealized version of family life. For example, women worked hard to create meals that reflected the ambience that fit family themes. Thus, family relations and interactions are formed through involvement of the members in the continuous daily routine of an occupation, such as having meals together.

In sum, the ecocultural literature describes contexts in which routine is embedded and used as an adaptive strategy and provides insights into how families construct everyday events to accommodate their ideals of family life. Ecocultural theory provides important concepts relevant to the cultural and ecological environment surrounding routine and provides both a macrosocial and microsocial view to the analysis of routine.

Sociotemporality and Routine

Time is a major organizational principle that structures and regulates social life. Because social life regulates daily occupation, daily occupation, therefore, is also structured and regulated by temporality (Zerubavel, 1979, 1981).
Societal institutions construct norms and expectations regarding use of time. Time use is culturally conditioned, and events and occupations have an expected situatedness. There are many social conventions for when things should occur and in what sequence. How we use our time is influenced primarily by social convention and is a form of social control (Zerubavel, 1981).

People also attach subjective meanings to time use that influence how they organize and use time and fit their occupations into socially constructed temporal frameworks such as routines. Routine introduces order and structure. It provides both a safeguard against a state of normlessness and a discipline that relieves one of constantly having to make choices about when to do something. Synchronization of activities with others is a fundamental principle of social organization. We synchronize our activities with others’ activities in order to facilitate relating with these persons and to foster social solidarity (Zerubavel, 1981). Monk, Flaherty, Frank, Hoskinson, and Kupfer (1990) postulated that social rhythms structure the day as time cues. For example, a child’s routines become synchronized first with the family, then with the school system, and eventually with larger societal institutions.

Time has economic value in our culture. It is seen both as a limited resource and as a commodity. Good use of time also has a moral basis that is firmly grounded in the Protestant ethic and modern spirit of capitalism (Weber, 1904–1905/1958). Thus, time has a strong utilitarian orientation; making good use of time as well as speed and efficiency are valued in Western culture (Rifkin, 1987; Weber, 1904–1905/1958). Each culture has a consistent, unique pace of life, and a society teaches synchronization among its members. Routine is highly regulated and influenced by culture; therefore, routines that are quick and efficient are valued (Rifkin, 1987).

Literature from these three perspectives provides background about how routine is socially constructed to be an adaptive strategy and, therefore, influences well-being. However, research that describes how the adaptive strategy of routine changes over the life course, especially for older adults, would provide occupational therapy practitioners with information on how time use, such as routine, influences well-being. Therefore, the present study investigated the use and meaning of routine in a selected group of women who were more than 70 years of age.

Method
This study used a qualitative research design. Specifically, it used grounded theory procedures and techniques (Strauss & Corbin, 1990).

Participants
Inclusion criteria were that the participants be women more than 70 years of age, Caucasian, middle class, living in their own home, articulate, not employed full time outside of the home, and free of major functional impairments that prevent independent performance of activities of daily living (ADL) and instrumental ADL. Theoretical sampling principles were followed to select participants (Gleser, 1978). Sampling was terminated after the seventh participant, when theoretical saturation occurred (i.e., no new categories were emerging from the data). All seven participants resided in Los Angeles County.

Data Collection and Analysis
Data were collected through in-depth interviews, observations, a participant’s privately published autobiography (Zeynlemaker, 1991), and researcher-generated memos. One to six in-depth interviews were conducted with each participant. These ranged in length from 1 1/2 hr to 3 hr each. All interviews were audiotaped and transcribed, and transcripts were rechecked with audiotapes for accuracy.

Data analysis was composed of concept formation, concept development, and conceptual modification and integration. Analysis began with the first interview. Data collection and analysis were concurrent, iterative, reflexive, and reflexive. New, more abstract and integrated levels of understandings were reached through recursive looping between the data and the emerging analytic work. Data from the first participant were initially analyzed as a case analysis and served as a pilot study. Subsequent analyses were done primarily by cross-case analyses. Concepts were reduced into categories, and their linkages were refined and synthesized into a paradigm in order to formulate a theoretical framework and model (Strauss & Corbin, 1990).

To increase trustworthiness and credibility and accurately reflect the participants’ experiences, a member check was provided by two participants, and an expert check was rendered by an occupational therapy graduate student. In addition, I informally discussed my findings with at least 30 other women or their family members or asked them how they believed routine changed as women aged. Everyone validated my findings regarding the unpackaging of routine and added examples of their own, which I did not include in the data base. I searched for negative cases and negative evidence to refute my findings but did not locate any in the seven study participants.

Results
Data analysis indicated that the participants currently use routines to facilitate their mental and physical well-being but do so to a lesser extent than when they had children living at home or when they worked. As they aged, the participants unpackaged routine and molded it into in-
creasingly more flexible time-use strategies primarily in response to age-related changes in their ecocultural niche, which resulted in decreased obligations, a time-left orientation, and decrements in physical status. Although they still used routine as an adaptive strategy to foster their well-being, the participants had replaced some of their previous routines with more flexible time-use strategies. The participants reported that they had far less routine now than they had when they were younger. "I don't have much of a routine anymore" was a unanimous theme among participants. Routines that they retained became even more flexible with advancing age.

Figure 1 illustrates the unpackaging of routine that occurred as the participants became older. I developed this metaphor because it seemed to clearly describe the processes that emerged from the data to describe how the participants purposely examined and decreased their use of routine. The large container in the foreground depicts routine and is filled with smaller boxes of specific types of routines. Routine packages are the blocks within each of these specific routine boxes. Participants had escape clauses for their routines. For example, "My time schedule is not engraved in stone because if someone calls up and says, 'Let's go to Santa Barbara today,' or 'Let's do lunch,' I am hot to trot" (Jane).

Decreasing obligations resulting from changes in the ecocultural niche, decrements in physical status, and time-left orientation, resulted in the removal or unpackaging of some of these routine packages from specific routine boxes. Many of the routine packages disintegrated because they are no longer necessary, and this dissolution is indicated by the starburst effect around the head of the arrow in Figure 1. The paths of packages exiting from the large routine container represent the transfer to other containers that handle them differently than did the routine container. These other strategies are indicated by the cartons marked delegation, decision tree, letting go, and triage.

Decrease in Routines

One of the primary reasons given for the unpackaging of routine was the decrease in family and work obligations. Participants described a marked reduction in the amount of housework necessary after children were no longer living at home. Some moved into smaller homes or condominiums and had less space and things to care for. They no longer had Parent–Teacher Association meetings to attend and children at home to chauffeur.

The participants indicated a desire to decrease, not increase, obligation and routine, even if the activity was something that would give them pleasure. They objected to being tied down. For example, "If I take on classes that require me to be down there [at the university], it restricts my freedom. I don't want to do that" (Rebecca). The participants' shift to a time-left orientation with advancing years resulted in a decreased reliance on routine and an increase in making the most of each day and not attempting to manage and control everything:

You know the older you get, the more you think about your mortality. By the time you are 40, you should be really grown up and have made a lot of decisions that make your life easier—like never worry about things you can't control or do anything about. And go with the flow as much as possible. (Jane)

Participants fashioned routine to be adaptive. When it ceased to be so, they made changes that are described as the following alternative strategies.

Alternative Strategies

Delegation. Certain activities such as cleaning house and washing windows still needed to be done and could not just be let go. In these cases, some of the participants used an energy conservation principle and delegated the occupation to someone else. The process was described by Hannah as beginning with her asking herself, "Is it neces-
sary that I clean my kitchen? Is it necessary that I do all these things?"

For all the participants, having a clean house was an essential part of women's work, and meeting this objective was consistent with a positive self-image. Some participants were able to separate this from their identity by not only hiring someone, but also assigning the responsibility for cleaning to that person. For example, Hannah remarked about her tarnished silver, "Oh, I'll have to tell the girl about that. She missed it."

Decision tree. Another way of orchestrating occupations in lieu of routine was by the decision-tree process. This was described as a series of binary choices, with each leading to a different set of choices or results. Hannah used this process extensively as she explained in the following example:

"We always decide who makes breakfast. That's how the day starts. If my husband makes the breakfast, I do my exercises in bed, 10 minutes. If I make the breakfast, I do my exercises on the floor... If you don't swim, you have yoga, and if there is no yoga, you walk."

This type of decision tree was not possible for her when she had young children living at home and when she worked because of the extensive routines involved under both circumstances. The decision tree is another example of the adaptive ways that some participants replaced the use of routine with advancing years.

Letting go. Another way participants handled routine packages was to just let go of them. For example:

"When you are young, you're very cautious about everything, you know, everything in place and cleaning up. I don't have that any more. So what if it [inaudible] is loaded—it is convenient, things are there. My den is full of sewing and stuff. But before, if somebody would come just for a visit... I would clean everything, make the beds and have everything just so—work, work, work. (Hannah)"

Participants gave numerous examples of things that they simply no longer did or worried about because they physically or mentally just felt it was not important or worth the energy. Many of these occupations were household and community service routines. It was also all right to let something go temporarily.

"Letting go of favorite activities was harder: "Not being on the board of several things anything more, so what? They can do without me. I can always paint, I hope. All the things I like to do are important" (Hannah). On the other hand, letting go of activities one never liked was a happy matter: "I don't like to clean house, and I don't do that any more" (Bea). The following examples demonstrate participants' feelings about giving up certain activities that no longer have meaning to them:

"I don't have to do this. Your routine gets less. Your performance for the outside world gets less. You want to look good, fine, but if you don't look so good, so what. Nobody looks at you anyway, You know, you're an old lady. You can do things. (Hannah)"

I don't want to do that to myself anymore. I'm free! I have spent my life being obligated. (Rebecca)"

Voice after voice gave testimony to the value of letting go of things that were no longer important. However, the participants feared that they would have to let go of things that they considered important and still valued, things that provided continuity in their sense of self and themes of meaning (Ludwig, in press).

Triage. Triage is a system of assigning medical treatment priorities to battlefield casualties on the basis of urgency and chance for survival with the resources on hand (Webster's New World Dictionary, 1980). It is interesting that Rebecca used this metaphor to describe her primary mode for managing time and occupations and that she often returned to it:

"When I discovered that little routine business was making me miserable, it was defeating me instead of helping me, I changed. You finally get to the point where life makes you do this. You take care of the most critical things that absolutely have to be taken care of. You take care of the emergencies. You take care of this because this absolutely as to be done, because things keep popping into your routine. So you triage if you're smart, and then you can do the things that have to be done, and then the rest of them begin to fall in place under that."

Discussion

All the participants, plus many others with whom I have subsequently talked, emphatically reported that they currently do not have routines to the extent that they did when they had young children at home or when they worked, nor did they wish to. I did not expect this response. Instead, I had expected to find that women increased their use of routine in order to accommodate age-related changes. I had imagined that they would have highly regulated, rigid schedules as a result of cognitive changes and decreasing energy reserves. The idea that routine becomes unpackaged with age became evident during the data analysis, and no negative evidence was located to refute it. Instead, the more I listened to these older women and reviewed my data and research notes, the more this finding was validated.

Both the participants and the field of occupational therapy were influenced in their formative years by the functional–pragmatic legacy of routine that advocated the actual doing and practice of everyday routines as a means of developing healthy habits (Dewey, 1922; James, 1892/1985; Meyer, 1922/1977; Peirce, 1957). Routine continues to this day to be an essential context and adaptive strategy when one is trying to develop habits (Zemke, 1994).

When the participants became mothers, they used routine extensively in order to facilitate optimal develop-
ment of their children. Research on ecocultural theory provided a framework that demonstrated how families construct and sustain a daily routine that is coherent with their beliefs about providing developmentally important experiences that accommodated the context of their environment and resources (Gallimore et al., 1993; Weisner, 1984). Family routines fit into a story that is congruent with meaningful family themes (Boyce et al., 1983). Participants selected to continue some traditional family routines because these fostered permanence and continuity among family members.

The finding that routine was used less and less when full-time childrearing responsibilities were gone could be explained by the fact that routine is important in the early stages of development of a sense of self. Routine provides a discipline or structure for predictability and a consistent framework in which new learning or habits can occur (Giddens, 1991). But once the basic sense of self is formulated, external temporal structures are not as necessary because internal continuity in the self often directs engagement in occupation. Other reasons that routine may be less important for older women can be inferred from the literature on sociotemporality (Zerubavel, 1979, 1981). Society not only constructs norms and expectations regarding one’s use of time, but also does so on the basis of chronological age. For example, older adults are expected to do and accomplish less than younger adults. They are retired from societal expectation for speed and efficiency in occupations (Rifkin, 1987). Participants in this study described the luxury of having time to think and, for example, to “clean the stove without interruption all morning” (Jane).

Family Composition and Routine

The finding that participants believed that routines are essential when children are involved and that they used routine extensively in order to provide optimal developmental experiences for children suggest that family composition is a central factor in the use of routine and that husbands and children have a marked impact on use of routine. Husbands affected routine by either imposing routines or interrupting the participants’ routines. Participants reported less routine or fewer disruptions in routine when they no longer had young children or husbands living at home. The return of children or grandchildren, especially dependent ones, resulted in an increase in the use of routine. Participants were not pleased with this increase in routine because it was accompanied by increased obligations. However, routine decreased after the loss of a spouse or dependent child, even when the participants were more than 70 years of age. Thus, the decrease in routine in old age results largely from a decrease in obligatory activities for others.

These findings agree with those of Singleton and Harvey (1995) who found that activity patterns among older adults are related to the presence or absence of children, the presence or absence of a significant other, employment, and marital status. Thus, a person may have changing time-use and occupational patterns if single, single with young children, married, or employed. The allocation of time or activity tends to be related to these variables more so than to age (Singleton & Harvey, 1995).

Participants had many routines in order to serve the interests of family members. They were less likely to make choices in their own behalf when the interests of family conflicted with their own independent activities. Cultural expectations that women provide love through caring for the family limit their options to pursue individual projects (DeVault, 1991). For example, if a woman goes to the gym or an art class instead of preparing a home-cooked meal by 6 p.m., she is labeled as selfish or as not caring about the family. This expectation does not exist for men.

The strongest argument for the decreasing necessity of routine with advancing age is the increase in individuality that participants reported along with a corresponding decrease in obligations and responsibility. Participants became freer to engage in family occupations of their choosing, and that related to their sense of who they were and wanted to be. Engagement in many occupations became less obligatory and, thus, freed time from routines no longer necessary.

Implications for Occupational Therapy

The findings are relevant to occupational therapy practitioners and other health professionals who use or advocate routine to enhance a person’s well-being or adherence to medical or rehabilitative regimens. For example, ecocultural theory suggests that the fit of intervention with the person’s ecocultural niche is important (Gallimore et al., 1993; Weisner, 1984). Thus, interventions must be compatible with existing routines and family themes. An intervention is unlikely to be sustained if it is incompatible with daily routines that the family has already implemented.

Another implication of the findings is that the occupational therapy practitioner should be familiar with clients’ sociotemporal norms and expectations and how they interpret these in relationship to themselves. Incongruence between societal, individual, and occupational therapy practitioner norms and expectations and client’s body rhythms may impede the formulation and achievement of realistic goals and functionally meaningful
The finding that family composition is more relevant than age in determining activity patterns also has implications for occupational therapy practice with older adults. For example, female clients who are heavily involved in obligatory activities related to the needs of family members (e.g., husband, young or dependent children) may sacrifice their needs and well-being if they conflict with such activities. Sensitivity to this potential for conflict can be used to help clients understand why their needs are legitimate and important. Many a client will agree if told that by taking care of herself, she will continue to be able to help others.

Another implication of the findings for occupational therapy is that although routine is an appropriate time-use strategy when developing habits and with children, it may be less appropriate with older women because they are actively trying to decrease their routines and obligations. Older women may be more receptive to other time-use strategies that involve energy conservation and work simplification, such as letting go and delegation. If routine is needed to fill a specific, regular time slot, then the routine's outcome must be directly linked to the older woman's well-being.

Limitations

Findings are specific to this group of participants and are open to further refinement and discovery. This investigation is limited to the study of only those occupations that are routinized. Data that retrospectively report the past are selective and inevitably contain omissions and reinterpretations of experiences and meaning as the participants currently reconstruct them.

Conclusion

The older women in this study demonstrated an unpackaging of routine with advancing age and flexible time-use adaptative strategies in response to changes in their ecocultural niche, philosophy of life, and physical status. Spontaneity and flexibility became increasingly more important, and these were at the opposite end of the continuum from routine. The finding that participants sought less obligation and more freedom as they aged suggests that health care practitioners' advocating for an increase in routine for older women may be met with resistance and that interventions must be compatible with existing routines and family themes and be directly linked to well-being. ▲

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References


Weber, M. (1905). The protestant ethic and the spirit of capitalism (T. Parsons, Trans.). New York: Seabury. (Original work pub-
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