Sticking to the plot: The nature and meaning of family routines in the context of adolescent mental illness

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Attestation of Authorship

I hereby declare that this submission is my own work and that to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the qualification of any other degree or diploma of a university or other institution of higher learning, except where due acknowledgement is made in the acknowledgements.

Signed……..

Dated……

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Abstract

This qualitative descriptive study sought to explore the nature and meaning of family routines in the context of an adolescent family member with a mental health problem, from the perspective of the parents and adolescents concerned. The study topic was formulated from my professional knowledge and experience as an occupational therapist and was framed in an occupational science perspective. There is a wealth of literature that explores health phenomena in relation to family practices and norms, which highlights family routines as a phenomenon of interest in the consideration of positive child and adolescent development and wellbeing. It has been identified however that paucity exists in that literature pertaining specifically to adolescent mental health, which this study seeks to address. The study's methodology rests in a post-positivist paradigm and reflects the aim to gain understanding of the presentation of family routines in families that are dealing with the stressors of a mental illness. Seven parent and adolescent participants, recruited through notices and personal approaches from staff in a child and adolescent mental health service in a large city in New Zealand, contributed to the data. Individual, semi-structured interviews of one hour to one and a half hours duration were conducted. The transcribed data were analysed using thematic coding and categorising. Thick description of the methodology, thorough comparison to the literature, and acknowledgement of limitations lent strength to the study.

Analysis revealed two sets of thematic clusters. The first cluster addressed the nature of family routines in four themes: The means to an end, Working together, Losing the plot, and Sticking to the plot. The means to an end described the everyday nature of routines within normal fluctuations of daily life. Working together showed the ways in which the participating families managed family life in the face of stressors associated with disruptions. Losing the plot described the nature of family routines in times of extreme stress and the effect thereof on family members. Sticking to the plot showed how these families regained their equilibrium, collectively and individually, during periods of instability.

The second cluster of themes represented the meaning ascribed to the presence of routines in the participants' lives: Routines give control, Routines are protective, Routines with special meaning, and Identity and routines. Routines give control and Routines are protective showed the significance that participants ascribed to routines as

supportive of recovery and family wellbeing. Routines with special meaning revealed deeper layers of meaning found within routines. Identity and routines showed that culture and identity were expressed through family routines.

Overall, the findings align with previous understandings that family routines are the supporting structure of daily life that protect individuals and their families from adverse effects of illness and benefit positive development of children and adolescents, including mental wellbeing. The findings suggest that routines support the maintenance of stability in family life in times of stress. Further, routines are a vehicle through which control is instigated or facilitated, and changes in routines are an indication for family members to assess the wellbeing of the adolescent. New meaning is ascribed to routines in the illness context, which is revealed as a fluid process and shows adaptability on the part of the participants. Finally, cultural identity is revealed as expressed through routine practices that are unique to each family. These findings will inform practice with families who experience adolescent mental health issues, by endorsing the consideration of family routines in therapy approaches in order to empower adolescents and their families to regain control over their lives.

Chapter One: Introduction

Introduction

This research study seeks to increase understanding of the nature and meaning of family routines in families where an adolescent family member is affected by mental illness, and how the presence of a mental illness affects family routines. For decades, and in many contexts, family processes and practices have been widely researched, such as family structure and function, family routines and rituals, family in societal context, and family relationships, to name but some. The body of research is ever growing and new understandings are being published, both in quantitative and qualitative research reports. A substantial body of research has been conducted when there is disruption in family processes, particularly when a child is affected by physical problems; however there is paucity in research on family experiences when a young family member has a mental health problem. I have therefore chosen to add to the research literature by conducting a small-scale qualitative descriptive study to examine the nature and meaning of the daily routines of families affected by a significant mental health problem. The focus is on the affected family member being an adolescent aged between 13 and 18 years old. The study also seeks to explore whether individual interviews and time use diaries are useful methods to gather data of family routines in families whose daily lives have been disrupted by a mental health issue.

Participants I talked to are adult and adolescent family members that at the time of recruitment were using specialist mental health services from a community paediatric mental health service in a major New Zealand city. This service receives its referrals from a variety of sources in the community such as General Practitioners, schools, private mental health practitioners or other public health services. Of the approximately 20% of the total population that experiences mental health problems, mental health services support the most severe presentations of mental health issues. This is a representation of around 37% of all the people that experience mental health problems (Mental Health Foundation of New Zealand, 2010). The percentage of the local population that this particular mental health service supports is representative of those statistics. The driving philosophy for all mental health in New Zealand currently is a recovery model, which is incorporated in mental health practitioners' competency guidelines (Ministry of Health, 2005). The diagnostic presentations of the participating adolescents were representative of the most commonly presenting adolescent disorders

at this particular child and adolescent mental health service. These may include affective, personality, neuro-developmental, or psychotic disorders.

The aim of the study is to add to the existing research on family routines by describing the routines in families when an adolescent family member is affected by mental illness. The study is based on the widely researched notion that routines upheld within family life provide the structure that allows people to develop and maintain healthful lives. For example, the family provides the framework to facilitate the daily actions and rhythms of life, the basis from which individual family members go about their day-to-day occupations. Walsh (2003) described this aspect of family as "basic patterns of interaction… that support the integration and maintenance of the family unit and its ability to carry out essential tasks for the growth and wellbeing of its members" (p. 7). Further, a robust analysis of Canadian longitudinal outcomes of child development by King et al. (2005) identified the presence of specific key elements of being part of a family that benefit child development. In particular the presence of parental expectations, parental and social support, emotional support and affirmation, and participation in occupations lead to pro-social, emotionally competent, and self-regulating adult behaviour. It could be argued that the routines of daily family life provide the structure for such development.

What do families do however if routines break down? What are they trying to achieve or maintain? Are some routines preserved while others are adapted or abandoned? Finding out more about what happens to family routines when the family is trying to cope with mental illness may help mental health professionals to understand what is important for the adolescents with a mental health problem and their families at such times. Outcomes of the study are expected to provide insights into what goes on for families in time of crisis due to mental ill-health in an adolescent family member, and to provide a basis for further study on this topic.

Definition of Terms

Routines

The Concise Oxford Dictionary (1999) defined routines as "a standard course or procedure; a series of acts performed regularly in the same way" (p. 1248). Routines can be conceptualised as daily occupations habitually performed, usually at a given time of the day and repeated over time. Among the plethora of ever-changing definitions of occupation in the occupational therapy and occupational science literature, the most appealing as it pertains to the study context would have to be an early definition coined

by Clark et al. (1991) as “the ordinary and familiar things that people do every day” (p. 300). In the intervening decades the definition of occupation has been expanded, refined and re-defined; however the simplicity of the above definition befits the topic of examining the patterns of occupations that shape everyday family routines.

According to the Model of Human Occupation (Kielhofner, 2008) the occupations of daily life rest on three interrelated substrates. Volition, which represents the motivation and will to perform occupations; habituation, which refers to the automatic patterns of behaviour that make up a person’s habits; and performance capacity, a term referring to the ability to perform tasks within physiological body systems. These substrates of occupation are expressed within a person’s physical and socio-cultural environments. This study’s concept of routines is embedded in the temporal and spatial structures that people give to their daily lives and corresponds to Kielhofner’s (2008) habituation substrate. What people do, how they do, why and when they do, and where they do, are the occupations of daily life expressed on a regular basis in a way that makes sense to a person; and as a person’s habitat, the environment, has a rhythm to it, so do people respond in turn to that rhythm with the same consistency (Kielhofner, 2008).

In the context of this study family routines are identified as “patterned behaviours that have instrumental goals” (Segal, 2004, p. 500) and may be a mixture of scheduled daily activity that “reconciles the diverse schedules and projects of individuals so as to produce points of intersection” (DeVault, 1991, p. 90). Families have their own unique patterns of cohabiting and cooperating to make their lives fit and work together, supporting individual family members in their occupations of daily life in their own unique rhythm. Such rhythms of family routines may take shape as the regular sharing of meals, leisure activities, and household activities.

Family

The concept of family is a notion unique to each individual. What I think will be quite different to what a reader of this thesis thinks, or a client that I work with thinks. Naturally I am writing this thesis from my particular frame of reference. Before initiating this study, I defined family as a group of people, adults and children, who are related by blood and live together in a single dwelling: a family unit. The wider family may extend to other blood relations, living elsewhere, or direct relatives who have moved out of the family unit. Practice experiences and reconsideration of what family is for participants in this study however, give a broader view that a family has many forms, sizes, purposes and meanings for people, depending on their experiences and

particular circumstances. Whatever my thoughts are, what constitutes a family is widely open to interpretation and just as widely discussed in sociological and anthropological literature. Denham (1995, 2002, 2003), DeVault (1991), Fiese (2002, 2007), Valentine (1999), and Walsh (2003) in particular are drawn on to formulate the structure, function, and meaning of family as it is understood in this study.

Family structure

The Western notions of family are described as originating from Judaic codes, Greek patriarchal society, and ultimately from the Roman *familia*, meaning household, that "included everyone under the authority of the male head of the family" (Ingoldsby, 1995, p. 41). The Roman *familia* became the "educational, economic, and legal center [sic] of society" (p. 42), and has become the blueprint for the Western concept of family. In the latter part of the 20th century, the family as an institution saw sweeping changes. The emergence of postmodernism in the late 1960s changed the idealistic modernist view of the 'normal family' (Pleck, 2000; Valentine, 1999; Walsh, 2003); 'normal' probably meaning mum, dad, and 2.4 children. Nowadays the family has many forms, such as the 'traditional nuclear', 'blended', 'single parent', 'same sex parents', 'childless', or 'childfree' (Rigg & Pryor, 2007; Swain, 1994; Walsh, 2003). Contemporary family life is as diverse as there are families, with all its advantages and pitfalls, and is seen in all its forms in the mental health service that this study's participants accessed, with diverse representations of family structures much as described above, made more varied by a wide range of family sizes.

Family function

From an evolutionary perspective, it is not by chance that humans live within family groupings. The first and most fundamental function of the family is that it is a natural protective state in which to nurture and support offspring so that they in turn can mature and further the life cycle (Baumeister & Leary, 1995; Epstein, Ryan, Bishop, Miller, & Keitner, 2003; Schwartz & Bilsky, 1987). Furthermore, humans in general cannot live in isolation. People's existence is intricately linked to others through relationships (McGoldrick & Carter, 2003), from the dependency relationship between parent and child, to the forming of new family units through partnership, supported in all its forms by a wider network of extended relations. The family is the framework upon which people connect with and belong to one another, and pattern their daily lives supported by family members. The latter function of family has been widely researched by a number of authors (Denham 1995, 2002, 2003; DeVault, 1999; Ingoldsby & Smith,

1995; Kingon & O'Sullivan, 2001; Olsen & McCubbin, 1983; Walsh, 2003) and will be further discussed in Chapter Two.

Meaning of family

Aside from the structural and functional aspects of family, another important consideration is what family means to people. A New Zealand study by Rigg and Pryor (2007) on children's and adolescents' perspectives on what is family, showed that the participants, including those from ethnic cultures, defined the features of family as love, care, respect, support, and nurturing. In the eyes of adolescents and children, these aspects are the determinants of family rather than biological, social or legal considerations. It shows perhaps that affective features of family play an important role in the sense of connectedness that the family structure provides. The above conceptual understandings of family are the context of the study. Building on the introduction to what constitutes family as presented here I will further clarify the notions of family in Chapter Two, and elaborate on the configurations of participating families in Chapter Three.

Mental illness

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (American Psychiatric Association, 2010) defined mental illness as "a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress…or disability…or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom" (para. 3). The adolescents that are the focus of this study will be, or have been, affected in their daily lives by a significant disturbance in their mental health for a period of time, and are engaged in the therapeutic processes that alleviate symptoms and help them regain control over the effects of a mental illness. From professional observations, particularly for adolescents who are on the verge of gaining independence and are looking forward in their lives, the debilitating symptoms that beset them while unwell often literally stop them in their tracks.

Adolescence

Adolescence is described in Mosby's Medical Dictionary (2002) as "the period of development between the onset of puberty and adulthood" in which "the individual undergoes extensive physical, psychologic [sic], emotional, and personality changes" (p. 46). The age criterion for adolescence is given as starting between 11 and 13 years of age, and ending between the ages of 18 to 20, depending on gender and individual

variances. In colloquial terms adolescents are usually known as teenagers. In this study the criteria for adolescent participants are that they are between the ages of 13 and 18 and live with other family members in a home environment.

Theoretical Background

Occupations

Ann Wilcock (1993, 1995, 1999), a prominent occupational scientist, has argued that in order to be healthy, to survive and flourish, people need to engage in occupations on a daily basis and that without the daily fix of 'doing' people cannot survive. Thus, engagement in occupation is an essential part of being human and a central aspect of all human experience. Nonetheless, occupation could be said to be an unnoticed phenomenon of daily life, as it forms the fabric of everyday life (Wilcock, 1991). This notion was also aired by Betty Hasselkus (2002) who stated, "the human state of wellbeing is permeated by the belief that a person's ability to engage in life's daily activities is a key ingredient" (p. 60). Occupation is more than the work that productive members of society engage in; it includes the fun activities that people do for their leisure, the chores that need to be done, and the serious undertakings driven by inspiration or need, basically everything that people do. Occupations are actioned, automatically or not, according to people's beliefs, values and experiences, their family and social commitments, and the environmental spheres within which people express their place in the world.

Occupational science

This study is framed within an occupational science perspective, which explores the "substrates, form, function, meaning, and socio-cultural and historical contexts" (Clark et al., 1991, p. 302) of occupations. Occupational science is defined as the study of humans as occupational beings (Yerxa, 1998). Humans are occupational beings because they 'do' in their daily lives, from mundane routine self cares to sublime expressions of creativity. As they grow up, people go about their daily occupations in ways that are determined by what they need to do to function according to their needs, their commitments, or their choices, be it in the home or elsewhere. Occupational science has grown, as Clark et al. described, from the desire to "delve into persons' life histories to gain a sense of the complexity of factors that ultimately influence how one decides to live one's life in relation to work, rest, leisure, and play" (p. 301). This discipline concerns itself with the significance of occupation, in particular in relation to health (Hocking, 2000).

The meaning of occupation

Whatever the need or desire is, the things that are done by people are linked together by a string of daily activities that help people glide through their occupational worlds. It is part of human *being* to move through, and interact with, personal and public environments, with or without other people, in ways that mean something to each individual (Crabtree, as cited in Hasselkus, 2002). Hasselkus (2002) described this concept poetically in her writings on the meaning of everyday occupation, stating that daily occupation is "the essential current that propels each of us along on life's journey" and that people's occupations and the meanings thereof "are essential contributors to the pace and direction of the life flow" (p. 14). For Hasselkus, meaning is derived through expression of the self in the doing. She derived this perspective from Wilcock (1999), who first expanded the notion of doing and being in order to 'become' by expressing the self in what one does. Wilcock described 'doing' as the daily tasks that people must do or want to do, declaring it unthinkable for humans not to engage in occupation in some shape or form every day, and essential for human health and wellbeing. By doing, Wilcock argued, people 'are', and their personae are expressed through the doing into 'being'. Being can be understood as more than mere existence; it is also the expression of inner feelings and inner life. Wilcock expressed this as "being true to ourselves, to our nature, to our essence and to what is distinctive about us" (p. 5). By doing and being, by showing themselves to the outside world in their actions, people are said to 'become', which describes a process that is fluid and transformative. People's actions and essence show the outside world the potential of what may still be ahead and what is possible. In terms of family routines, the daily things that families do and how they are as a family group, show their expression of who they are as a family.

The meaning of routine occupations

When disruptions to family routines occur due to mental illness, meaning may change by choice or need. What was once routinely familiar may no longer be significant or possible. For instance if an adolescent with severe anxiety 'freezes' at the thought of going to school, the daily organisation to get all family members off to their respective activities may be severely affected, because the panic-stricken youngster cannot bring himself to get ready for school. At those times the routines and their meanings may have to be adapted to suit the circumstances. As time is taken up by coaching their child to calm down, perhaps the parents will no longer insist that their child showers, but in order to save time and minimise disruption, allow steps in the morning routine to be skipped. The changed meaning here would be that the goal of getting to school on time

is achieved, even though the usual standards of family hygiene have been slackened. An adaptation of occupations and their meaning has taken place. Whalley Hammell (2004) discussed such adaptation of meaning in her paper on the changed meaning of occupation through a health crisis. If people as individuals or family units are able to derive new or slightly different meaning in changed daily occupations, then quality of life, albeit modified, is maintained and people can continue to express themselves in what they do and derive meaning from what they do.

Alternatively, the meaning of routines may hold a family together while in crisis, such as Schulz-Krohn (2004) described in a study on the meaning of family routines in a homeless shelter. Here the author found that families held on to seemingly innocuous daily routines such as the meals together and regular bedtimes in order to maintain some sense of normalcy, which connected them to the outside world and gave them a sense of control. This sense of control reinforced their family as an entity, and gave them hope for a future in the community.

Why Study Family Routines?

Society is built on a perpetuating chain of people contributing to the shaping of the next generation of society's participants. How these participants have been nurtured determines how society is going to develop and maintain itself for the benefit and betterment of people. It is, therefore, important to strive for increased understanding of what goes on during a child's development into adulthood. The authors drawn on for this literature review have in common the statement that studying family life in all its facets is essential, as the family is the bedrock upon which children's development and mental health functioning in later life is formed.

Professional interest

As an occupational therapist and mental health clinician I work with adolescents between 13 and 18 years of age that experience mental health issues, in a non-residential youth day programme at a community child and adolescent mental health service in a major city in New Zealand. The programme aims to reintegrate these young people into productive and fulfilling lives, when their mental health problems have interfered with their activities of daily living. This may include facilitating a return to education or exploration of future learning and/or vocational goals, as well as social skills training and preparation for entering society independently. The day programme is run like a household with rules and expectations for being together in a shared space and time. In other words, there is structure and routine within the daily running of the

programme. The routines involve teaching the young people to adhere to reasonable expectations around personal hygiene, punctuality, food practices, tidying their spaces, and consideration for others in the house; much as expectations in any household, whatever they may be. Additionally, the young people are expected to be well presented, arrive on time, and participate fully in the structure of the daily programme.

As part of the variety of psycho-educational and activity groups offered to these youngsters, one weekly group is structured around the preparing, cooking, and sharing of a meal as a group, seated around a carefully laid table. For many, this is a novel experience, and deficits in practical, processing, and social skills are often observed at this time. While engaging these young people in conversation during the meal, I have asked dozens of these young people whether they have routine practices at home, such as eating together, sharing cooking or other tasks, completing chores, or engaging in other routine activities that involve spending time as a family. More often than not, the answers I get are that the routine sharing of family time in the activities of daily living is an unfamiliar concept.

From this anecdotal experience, my curiosity has been piqued to find out more about what is happening in the homes of these young people and how their daily family lives are structured, both when the family is experiencing relative stability and when acute issues are being managed. It is my hope that that knowledge will inform ways to support these families with what they might do in the future. This thought and many more from my personal experiences have brought me to explore family routines as a topic for my Masters thesis.

Personal interest

I like routine. There is safety in the rhythm of daily family routines that help me feel grounded. On reflection, I believe that the circumstances of my upbringing have greatly influenced my beliefs around the significance of family routines on the development in childhood and beyond. As a child I lived in different countries, moving every two to three years to a new location. Often we would live in temporary residences such as hotels or guesthouses until a permanent home was available. As a result I have experienced many shifts and changes. I am ever thankful to my parents for ensuring that I never felt out of sorts or insecure in what was a relatively transient and potentially unsettling lifestyle for a child to experience. What made my childhood secure and carefree was the knowledge and absolute trust that some things in our daily lives were always the same and at mostly the same times, no matter where we were. Little things

spring to mind like breakfast and dinner together, bath time and the bedtime ritual, daily learning time, or special birthday rituals. There were expectations too. As we got older we were expected to contribute to the maintenance of our family routines by helping out. This did not change as we moved from place to place. I have therefore always felt a groundedness that has allowed me to explore the world beyond from the safety of knowing who I was, what to expect, where I came from, and where I stood.

While reminiscing over the years, and now with a family of my own, I have come to believe firmly that it is the routines of family life that provided the constancy and security that helped me develop with confidence and resilience, and in turn have given my own children the same. I acknowledge that this is a highly personal view of the significance of family routines, so I have sought out the opinions and thoughts from occupational therapy colleagues. The resulting accounts were gathered during a professional special interest group that meets on a regular basis for discussion and presentation of relevant topics. All those participating in that discussion gave their consent for the recording and presentation of their experiences for this study.

The discussion showed up similar thoughts to mine in others. In the variety of narratives of childhood experiences of family routines, there was a theme of having felt the need as children to have some things families do always stay the same. Some realised as children that when the routine was upset, for instance, by illness of a parent, their whole little world seemed to cave in, even if only temporarily. One person surmised that it was the absence of the routine that highlighted for her the importance of routine. Others found that their family's daily and weekly routine activities made them feel secure in their young years, knowing what to expect and when. Overall, the discussion revealed a general consensus that the elements of a family's daily routine give structure and security, from which a child has the opportunity to grow and develop healthfully. These outcomes further strengthened my resolve to explore family routines in times of crisis, to gain insight into the significance of routines and their potential to shape outcomes for adolescent children.

Structure of the Thesis

This chapter introduces the thesis and sets the backdrop for the topic. Chapter Two is a literature review of family practices from a wide range of empirical literature, including occupational science, social sciences, nursing, psychology, and anthropological sources. Chapter Three introduces the participants and gives a thorough description of the methodology, ethical procedures and recruitment processes. Chapters Four, 'The Plot'

and Five, ‘The Plot Matters’ present the analysis and interpretation of findings. These titles were chosen to represent the findings in the words of one of the participants. And finally, Chapter Six ‘Why the Plot Matters’ shows the essence of the findings and concludes the thesis with a discussion of those findings as they pertain to the literature and practice. A reference list and appendices complete the document.

Chapter Two: Literature Review

Introduction

As a clinician with five years experience of supporting adolescents with mental health problems to regain structure in their day and a focus in their lives, I have come to make the following observations. It would appear that a pattern exists where a lack of regular shared family routines negatively affects young people in their recovery from mental illness and subsequently contributes to difficulties when trying to adapt to societal expectations of productivity and independence. On the other hand, adolescents with close family bonds and engagement in shared routine activities appear to be better able to adjust to changes brought on by mental illness and the abovementioned expectations. Although the veracity of these observations is not specifically investigated in this study, this aetiological view supports my clinical intuition that family routines are a phenomenon of interest in families where mental health issues are present and are being managed.

This literature review will address the relationships between family routines and practices, and child and adolescent developmental and health outcomes with adolescent mental health as the focal point. The review is presented as a thematic report, and is organised by topics presented in the literature as significant in the consideration of family routines. Before addressing family routines, it is necessary to first explore what family means. The literature review therefore opens with an examination of the various forms family takes, family roles, functions, and their relationship to wellbeing. Following that, the review presents the functions and meaning of routines, such as sharing and belonging, promotion of wellbeing, as tools for learning and communicating, and as agent to promote resilience. Further, routines are also considered in relation to the development of family rituals. Finally, routines are examined in wider contexts such as maladaptive routines and routines in extended families.

Searching for and Selecting the Literature

Literature searches were conducted in AMED, Cinahl, Ovid, and Scopus databases. The following key words in various combinations were used: occupation, family, family routines, adolescents, mental health/illness, meaning, and activities. These were expanded with the addition of terms such as child/adolescent development, routines, rituals, socialisation, parenting, and health. Hand searching of reference lists was used

to access further literature, and national university libraries were accessed for non-periodical titles.

Seminal articles dating from the last four decades that reported literature reviews and robust research were included, where they were widely quoted by subsequent researchers. One consideration in including the earlier literature in this review was that the later findings closely reflect those of early studies on this topic. The earlier work is therefore considered to hold merit for this discussion. However, family structures and societal practices have changed and technology has progressed in the intervening decades. These changes have influenced how much time families spend together, and what they do together. Some of the dated literature may not reflect this. Consequently it has been kept in mind that some of the statistics about time use and participation reported in the older literature may not reflect current realities.

Literature included in this review focused on the significance of family routines in the context of positive developmental and mental health outcomes in typical families. The literature is extensive and that selected for discussion is generally indicative of the overall review findings. Literature specifically pertaining to mental health issues and outcomes was accessed; however it centred on adults with mental illness not necessarily living in a family context, and was therefore not considered within the parameters of adolescent mental health.

There is also a considerable amount of literature that addresses family routines in physical or intellectual disability and chronic illness. Those studies highlight that routines in general are considered to be an important factor in the maintenance of child health and wellbeing, strengthening the notion that routines are an important element to consider in the wellbeing of adolescents with a mental illness. However, that literature was not included as it branched off in directions that did not appear pertinent to families with mental health issues, specifically around the need to adhere to physical care routines and medication regimes to minimise symptoms and maintain optimal health. Those family experiences do not resonate with experiences in families where a child has a mental illness which, rather than regimentation, face the unpredictable and at times functionally detrimental nature of the illness in their routines. That is not to say that families affected by physical disability or chronic illness do not experience unpredictability and/or detrimental effects, but the nature of mental illness is not

directly related to adherence to strict daily regimes in order to facilitate recovery and health.

Family routine research in relation to gender role theory has as its purpose the instigation of social change over time, and while it is acknowledged that this research focus is topical and important in current society, it is not directly relevant to the purpose of this study. However, it needs to be considered that current societal trends affect family routines; therefore gender roles as they relate to family routines are briefly discussed because the participating families might have experienced gendered role divisions.

Literature drawn on for this review is mostly qualitative in nature, with the majority of articles informing this discussion based on interview or case study data gathering methods. Some of the literature used is quantitative, utilising data from a wide range of previously conducted studies. Other studies are based on comprehensive literature reviews, useful to give an overview of literature hitherto. A wide range of health contexts have informed the above literature, from historical, cultural, functional, or general health perspectives for example. However, very few are specifically focused on the consideration of family practices and routines in a mental health context, with the exception of Sharon Denham's research, which will be separately introduced.

The review process provided a global overview of current family configurations, family routines and rituals, and the purpose and benefits of family routines. At times the literature focused specifically on children and adolescents, at other times the focus was more on a generic health perspective of families. Where the wellbeing of children was a focus, most studies accessed considered a wide age range of dependent children. Naturally, the studies with an adolescent health focus were prominently used, but also studies with a more general health focus have been included to add to insights of overall family functioning through the life stages and aspects of wellbeing. Those studies that focused on adolescent children considered the stage of adolescence to be between 12 and 19 years of age, with minor variations, which corresponds to the definition of adolescence given in Chapter One.

Overall, the aim of the studies appeared to be to ascertain aspects of family life that are not necessarily influenced by children's gender or number of family members. Interestingly, gender issues did show to be a consideration when the study focus was on roles and task division in families, both from societal and routine task perspectives.

Where applicable this literature has been accessed specifically to illustrate potential implications to consider for my study.

Several repeat searches of recent literature using the same key words were conducted throughout the analysis stage of the study, yielding few new results. This confirms that the earlier literature searches and initial review were comprehensive and pertinent to the topic. However, some additional recent literature was included as it pertained to this study's findings identified during the analysis phase, in particular literature around family practices and responses to managing work and family stressors (Sheely, 2010), socialisation (Mason, Schmidt, Abraham, Walker, & Tercyak, 2009), schooling (Lanza & Taylor, 2010), and structured/unstructured activity (Barnes, Hoffman, Welte, Farrell, & Dintcheff, 2007). These authors will be further discussed in the relevant sections of this chapter and the discussion chapter.

Defining Family

In order to gain understanding of the concept of family, a leading author used for this review is Froma Walsh, an often cited author who takes a psychological viewpoint on family resilience factors in adverse events with a focus on the nature of family processes. Her book '*Normal Family Processes*' has contributed to insights gained in the consideration of family practices and routines involved with those, in the positive development of children and wellbeing of families. According to Walsh (2003), it is difficult to define a 'normal family' in the current social climate. Walsh cautioned that "too often in history, theories of normality have been constructed by dominant groups, reified by religion or science, and used to pathologise or oppress others who do not fit ideal standards" (p. 6). Instead, Walsh argued, the label 'normal' would be better substituted with 'functional', 'healthy', or 'typical'. As outlined in the introductory chapter, the notion of family has diverse meanings in a variety of contexts and cultures. A married heterosexual couple with their biological children is no longer the definition of a family; adults in a family can be parents, grandparents, caregivers, or responsible household members not necessarily linked biologically to children in the family, but taking on a nurturing and supportive role for the younger, and therefore vulnerable, family members. They can be single parents, either never married or divorced, or same-sex parents. Children may or may not be blood related in the household; blended families are commonplace. Despite these changes, Walsh argued, the overarching criterion for a family remains that a family group is one where each family member

feels a sense of belonging and wholeness, and feels supported to develop and grow regardless of the configuration of the family grouping.

The functions of family

To understand the function and meaning of family routines it is important to first address the more general functions of family, to provide a context in which to consider family routines. As introduced in Chapter One, the family functions as the framework upon which people express identity through kinship, belonging, and shared meanings, and from which they support and protect one another to develop and grow. Ingoldsby (1995), an author known for his research on child and family development from a cultural and historical perspective, identified that in the formation of a family the primary function is sexual and reproductive. The work drawn on for this review, '*Families in Multi-cultural Perspective*' examines, among others, global family origins, family functions, and family development**.** Although seminal and edited from a modernist perspective with an American Christian bias, it was selected for inclusion as the book is widely quoted in family research literature as an authoritative piece of literature.

Ingoldsby (1995) took the view that the function of family is expressed in a heterosexual marriage bond, sanctioned by societal norms. This is a biased and outdated view, however if taken in light of *why* people form family bonds, whatever the gender configuration or legal status is, it makes sense; relationship bonds created within a family form the basis of kinship and belonging. Further family functions identified by Ingoldsby are social and economic. Ingoldsby argued that parents need to love and nurture their children, to raise and teach them in a manner that allows them to function as individuals and in society. Economically, the family structure facilitates financial protection for young family members and enables the acquisition of the necessities of life. The above functions reflect other and more current literature in that essentially these functions are unchanged, despite changes to societal norms and levels of economic demands.

Other authors reflect the above notions of family function and changes in these over the years. Their inclusion for this review was considered for reasons of having widely contributed to the literature. McGoldrick and Carter (2003) drew their conclusions from their own research through the 1990s on family systems through life changes. They stressed the importance of relationships as the bedrock for human functional wellbeing; humans cannot live autonomously, and family groupings provide the structure for

building and maintaining relationships. Likewise Olsen and McCubbin (1983) concluded that communication and social support, as aspects of family relationships, were protective against societal and peer-related stressors that can affect adolescent family members. These well known family researchers' contributions to the literature have given insights into the ways that families cope with added stressors of an ill child in various health and age contexts. The study that formed the basis for their co-authored book was conducted with what they described as 'intact' families, meaning non-clinical, to provide normative data for comparison with families that experience stressors due to illness in a child. Their findings showed that open family communication with adolescent children and collaborative problem solving was paramount in the maintenance of strong family bonds during the adolescent family stage. While dated from the early 1980s, this work is based on comprehensive research and the findings are congruent with later study results of similar topics. The aim of providing a snapshot of indicative family life and function makes this work an excellent base point for the discussion.

Denham (1995) also argued that family life functions as a socialising agent, expressed in routines and rituals that increase social competence of young family members and support adolescent mental health. Denham is a nursing professor who has written extensively about family routines and rituals in relation to family health and wellbeing. Three articles written by her have been used, all three giving a unique perspective on family health. A 1995 article focused on considerations of family health and devising new methods of facilitating family health interventions from a societal perspective. In that article, a construct is proposed to illustrate the processes of family routines as media for interacting and relating to one another, which increases social competence in children. Her 2002 article discussed the findings of three ethnographic studies including 125 interviews completed in Southeast Appalachian Ohio. Findings showed that routines were directly linked to positive mental health outcomes, and provided a useful tool for assessing needs and using interventions to improve health outcomes. In 2003, Denham proposed an overall construct for using family routines as a valuable mode of assessing observable relationships among family members. Overall, the three articles had a strong focus on the mental wellbeing of families as a whole but also of individual family members, and therefore applied particularly to this review.

Similarly, Kingon and O'Sullivan (2001) showed a trend in the literature that key protective aspects for adolescent wellbeing are support, communication, boundaries,

expectations, and parental involvement. These review findings closely reflect the findings expressed in other literature accessed for this review, both older and more recent. Its inclusion is justified as the article provides a typical perspective of findings, as well as confirming the relevance of seminal literature.

Understanding Family Routines

The normative picture formed from the body of literature reviewed is that the maintenance of shared routines within a family contributes to the healthy physical, social, and mental development of younger family members. A representative article of the literature accessed to support this statement is a qualitative descriptive study by occupational therapists Evans and Rodger (2008). This study provides a representative viewpoint of the nature of routines in the context of typically developing children and their families recruited from a variety of mainstream schools in Brisbane, Australia. Their focus was on mealtime and bedtime routines as they exemplify routine aspects of family functioning on a daily basis. The study highlights the importance of families using routine to juggle the complexity of daily demands and the role of maintaining routines for emotional wellbeing.

Post-modern families and routines

As discussed, the post-modern era has seen widespread changes in how families function, which has affected the way that family routines are managed. Where traditionally in the Western world the breadwinner/homemaker model was de rigueur and family routines reflected this role division, feminism, current economic demands, and an increase in divorce have meant that many families now are based on dual earner or single parent/earner roles (Walsh, 2003). According to Valentine (1999) mothers are increasingly unavailable to take caring roles in the household, whether out of choice or necessity. Valentine, professor in the social sciences, has as research focus, among others, social identity and belonging. Her article, using data from a series of qualitative case studies on the nature of food practices in the home and implications for shaping identity, is further used to support the discussion about the meaning of ‘home’ and how those meanings are shaped.

Adults in a family have had to adapt to the multiple role demands of being parents, income earners and homemakers all at once. Having time to create a nurturing and wholesome environment for family members has become a luxury, and for some, unattainable. Moreover, the delineation of gendered tasks has become blurred with changing societal expectations and economic demands (Primeau, 2000; Valentine,

1999; Walsh, 2003). Like Valentine and Walsh, Primeau, occupational therapist and professor at the University of Texas, took gendered role divisions as her research focus. As a normative example of feminist literature from an occupational viewpoint, her article presents findings from three qualitative case studies of families with typical gendered and non-gendered household task divisions. Her article demonstrated the different strategies that families apply to maintain family routines. This snapshot of experiences could well resonate with experiences of families participating in my study.

Additionally, the perceptions and experiences of mothers around their mothering occupations were explored in a phenomenological study by Barker Dunbar and Roberts (2006). A major finding from this study was the challenge of juggling conflicting roles such as work, nurturing tasks, household tasks and providing meals. Mothers found it difficult to manage all these tasks to a level of satisfaction. Primeau (2000), Valentine (1999), and Walsh (2003) also described how in the current post-modern climate it is difficult to co-ordinate family routines between family members. Valentine described similar findings but in the context of planning and preparing of family meals on a daily basis. Particularly for women this is a challenge as there is a post-modern expectation that women contribute to a wider task set, including working and providing family meals, resulting in increased family stress. Primeau too found that despite the increased responsibilities shouldered by women, they were still expected socially to be the nurturers and complete most of the household tasks. Additionally, Fraenkel (2003) found that post-modern families also face challenges in their efforts to preserve dedicated family time altogether. His discussion focused on those challenges in the context of two-parent families and the difficulties that are faced to schedule time as a family. Fraenkel posed that modern families deliberately make time for family activities to a point where these become rituals that hold specific meaning within the family, as together-time is considered very precious.

Walsh (2003) further pointed out that these changed roles and competing demands of work and family life have had a negative impact on the stability of the household and the wellbeing of family members. It could be argued then that these changes have affected the way that family routines are constructed and maintained, and therefore affect younger and vulnerable family members. Fraenkel (2003), however, found that where parents managed to successfully cope with competing demands by sharing both work and household tasks, there was a positive correlation to overall family wellbeing and in particular to child and adolescent mental wellbeing.

The function and meaning of family routines

A major research focus over the last 25 years has been the protective function of family routines. Fiese is a prominent psychologist and author whose research focus is the protective function of family routines. The studies most pertinent to this topic are used, including her 2002 comprehensive review of 50 years of family routine related literature. This article, co-authored by Fiese with a number of other family researchers, brings together all the literature thus far that the authors considered significant and worthy, and provides subsequent researchers with a ready-made longitudinal overview of a wide range of applicable data for the study of family routines. Fiese's research will be referred to throughout this review.

Research suggests that maintaining routines is a protective factor in healthy mental development of children and preparation for independence in society (Denham, 1995; DeVault, 1991; Fiese et al., 2002). A good example of this argument is a data analysis by Hofferth and Sandberg (2001) of a 30-year longitudinal study on time use, using a representative sample of 2380 American families with children under the age of 13. This article's analysis provides a sound argument that the daily gathering of parents and children as a family is linked to fewer behavioural and mental health problems for children, especially as they grow older. Occupational scientists Larson and Zemke (2003) also reported similar findings in their review of studies on temporal considerations of daily activities. Its occupational science focus fits the occupational perspective used for my study. Their review highlighted the protective significance of co-ordinated family time on the mental wellbeing of family members, and how daily activities are shaped and orchestrated to the benefit of all members in a family.

Ruth Segal (2004), occupational therapist and professor at New York University, provided another occupational perspective on family routines and rituals. Her article gives insights into the importance of family routines and rituals for preserving functional wellbeing and family identity. Families with children with disabilities were interviewed with a narrative approach across America and Canada, providing cross representation of urban and rural settings. Multiple interviews were conducted with individual family members, totalling 49 participants. Data analysis showed that when routines and rituals were upheld, the families felt that there was order in their lives. Conversely, lack of routine hindered the families' sense of order, which impacted negatively on the wellbeing of family members.

Segal's (2004) findings are very similar to those of Schultz-Krohn (2004). Schultz-Krohn conducted an exploratory investigation to understand what meaning families attributed to the maintenance of routines and rituals while living in a homeless shelter. Twelve parents were interviewed, using thematic coding and analysis to interpret the data. This study was representative of a number of studies included in this review that used these methods to explore the lived experience of families in varying contexts. It would appear that such methodology is particularly suitable for the investigation of aspects of family life, and matches the design of my study. Findings from Schultz-Krohn's study were that parents invested considerable energy and time into the maintenance of routines as it preserved their family's identity and integrity. These factors were considered very important for the mental and social wellbeing of their children, and provided families with hope.

The above authors' research combined has given a comprehensive picture of the significant benefits that the maintenance of routines provides for the wellbeing and healthy mental development of children. In light of this, an exploration of the nature of family routines could benefit families that access mental health services for an adolescent child, as the presence or absence of routines might play a meaningful role in the treatment and recovery processes of the affected child. The following sections discuss the above statements.

Sharing and belonging

Families sharing activities is considered highly protective of the mental and physical development of children and adolescents, as Hofferth and Sandberg's (2001) study has exemplified. The significance of shared family routines lies in the fact that they support identity formation (Denham, 1995, 2002, 2003; Evans & Rodger, 2008). Shared routine helps the family to relate to their environment and society in a consistent and meaningful way. By adhering to a particular pattern of constructing daily practices, a family can show the world who they are and how they do things. Thus routine reinforces a family's values and traditions.

Compared to those families who do not share activities, young adults from families that do spend time together have been shown to be less susceptible to depression (Mason et al., 2009), have better educational outcomes (Lanza & Taylor, 2010), and fewer mental health problems (Fiese, 2007; Kiser, Bennett, Heston, & Paavola, 2005). These authors have specifically considered adolescent wellbeing in the context of shared family time.

Mason et al. (2009) conducted a quantitative study of 332 adolescents between 12 and 21 years of age recruited via a routine medical check up in Washington, DC. Findings of this study were that positive mental health outcomes were supported by the promotion of positive social skills, organised activity, and quality family relationships. This study's robust findings resonate strongly with other studies discussed so far, and strengthen the arguments put forward in this review. Lanza and Taylor (2010) addressed a gap in the literature in regard to family routines from an ethnic, disadvantaged perspective. One hundred and ninety seven African American adolescents and their mothers were recruited from census data in North-eastern USA. While not directly ethnically relevant, their findings did reflect other studies that there was a positive correlation between presence of shared family routines and time, and positive adolescent behaviours.

Like Fiese (2007), Kiser et al. (2005) found that the mental health of adolescents was promoted by participation in family routines and rituals. Kiser et al.'s study is especially interesting as it was designed as a comparative study of families with an adolescent child receiving psychiatric or psychological treatment, and non-clinical families. This study gives good insight into the types of families that will be interviewed for my study compared to typical families. Twenty-one families were recruited from a school in Memphis, Tennessee, and a day treatment programme at the University of Tennessee. Adolescents were aged between 11 and 18 and demographically representative. The authors acknowledged that their study had a limited number of participants, and therefore applied caution to their findings. Quantitative analysis of findings showed that the non-clinical families had significantly higher engagement in shared family routines and rituals than families receiving clinical treatment. They found additional evidence that family rituals in particular correlate to positive adolescent wellbeing. These findings support and confirm my own clinical observations and experiences expressed in the introduction of this chapter.

Meaningful bonds are forged during the execution of family routines that reinforce relationships (Fiese, 2007). This review article of family routines in the context of chronic illness showed that all aspects of routines and rituals contributed to family health, as its members invested emotionally in upholding daily routines to maintain health. In turn, the investment into maintaining routines and the resulting connectedness strengthened relationships. This outcome is supported by a recent local study by Carter, McGee, Taylor, and Williams (2007). Their questionnaire-based study of a cohort of

school-age New Zealand adolescents, showed that connectedness with family life is positively correlated with low suicidal ideation in teenagers and appears to be a strong protective factor. Congruent with international literature, their findings also reflected that low family connectedness is associated with poor adolescent mental health outcomes. This study has particular strength as it pertains to a New Zealand setting and covers a random sample of 652 high school-aged students, representative of the cultures that make up New Zealand society. The findings promoted in this study can be considered highly relevant in the context of my study.

Routines promote and protect wellbeing

Fiese et al.'s (2002) literature review revealed the significance of considering routines in terms of human wellbeing. Fiese et al. suggested that family routines give a focus for family processes and help to determine how the family organises itself. The authors found an often reported link in the literature between routine and wellbeing. Routines promote a sense of continuity for members of a family, and when family routines are interrupted - as happens when a family member is affected by mental illness - family cohesion and individual wellbeing suffer. Fiese et al. surmised that when the family structure is interrupted, the maintenance of family routines "fosters better adaptation in children, providing them with a sense of security and stability of family life" (p. 384).

Not only shared activity, but also the structure that family routines provide is likely to contribute to mental wellbeing in adolescence. Structured activity, such as contributing to household activities, is positively correlated to adolescent mental health. Barnes, Hoffman, Welte, Farrell, and Dintcheff (2007) conducted a comprehensive longitudinal quantitative study of 606 culturally and socio-economically representative adolescents between 15 and 18 years of age. Their findings showed that structured time like homework, extracurricular activity, sport time, paid work, socialising, and housework, positively influenced adolescent wellbeing and promoted desirable behaviour. They concluded that the constructive time use for adolescents prevented adverse health outcomes and risk behaviour, and was important to promote in health care settings. Kiser et al. (2005) likewise showed that constructive daily time spent as a family on morning, mealtime, and bedtime routines, as well as shared activities, were strong protective factors in the preservation of child and adolescent wellbeing and prevention of mental illness.

In terms of structured activity participation, Desha and Ziviani (2007) provided an occupational perspective on routines and rituals in relation to mental health. These occupational therapists conducted a literature review of international time use studies examining the relationship between child and adolescent mental health and activity participation. The authors justified their study design by arguing the inclusion of a time use dairy as an internationally recognised valid and reliable medium for gathering data, in combination with interviews structured around the diaries. The review design closely reflects the design criteria of my study; it is therefore an appropriate inclusion in the review. Moreover, their findings are similar to those of other studies discussed. The authors concluded that participation in self-care, leisure, and productive activities, are important means to promote and sustain good mental health. The authors promoted the notion of engaging adolescents in structured household tasks and activities such as self-cares, mealtime preparation, homework, as well as structured leisure activities like organised sport. Such engagement, they suggested, was likely to decrease the possibility of depression.

Further evidence of the relationship between family routines and wellbeing comes from a study by Rask, Åstedt-Kurki, Paavilainen, and Laippala (2003), part of a national Finnish investigation into adolescents' health and family relationships. Two hundred thirty nine families and their adolescent children aged 12 to 17 were recruited from 13 secondary communal schools. Data gathering and analysis methods were robust. Findings were that satisfactory family dynamics have a positive effect on child and adolescent wellbeing, and that the relational interaction of parents or significant adults and children determined adolescent wellbeing rather than the makeup of the family. The authors suggested that not only shared activity promoted adolescent wellbeing, but also that stability provided by regular family interaction was shown to have a high correlation with increased self reported adolescent self esteem and attitude.

In contrast, adolescents from families that do not have regular supportive routines are likely to access mental health services, according to Compañ, Moreno, Ruiz, and Pascual (2002). The authors drew their main conclusion from an assumed causal link between adolescents lacking exposure to shared family time and seeking mental health treatment. Conclusions drawn on just this link without considering variables such as pathological, environmental, social, and family contexts do not appear strong. Moreover, its main finding is not repeated by other studies and must therefore be suggested tentatively here. The reason for its inclusion in this review, however, is that it

is one of very few studies that specifically focused on family routines and rituals in an adolescent mental health context.

Routine as a tool for learning

As the literature would suggest, common household routines are widely used for the teaching of communication, social, and practical skills. Some of the authors introduced earlier have made statements about routines as learning tools. Their assertions are supported by the findings of authors who have studied specific ways that family routines enhance learning. One of those is Blum-Kulka (1997), whose book, '*Dinner Talk*', on the routines and rituals of the family meal has given insights into the development of communication and social skills during the family mealtime. Her research focus is on pragmatic language development and family discourse. According to Blum-Kulka, routine family occupations bring family members together, providing opportunities for parents/caregivers to role model appropriate behaviour so that children learn to be effective and contributing members of society. As an example of a shared family routine, the family meal facilitates parental behaviour patterning and social control by which practical and social skills learning can be facilitated.

In a similar vein, according to DeVault (1991), the family meal allows for the monitoring and correcting of behaviour and modelling of desirable behaviour. DeVault is prominent as a qualitative researcher and as advocate for women's studies. Using data from studies conducted in the early 1980s with families from diverse backgrounds and life stages, her book '*Feeding the Family*' gives insights into role divisions in households and the apparent unnoticed tasks that are completed to maintain family life. She focused specifically on mealtime routines to illustrate the nature of role and task divisions in the organisation of family meals.

Participation in general household tasks can teach children useful life skills (Hofferth & Sandberg, 2001), and the expectations of participating in routine tasks such as meal preparation, setting the table, and doing dishes, also provide opportunity for children to learn about contribution (Blum-Kulka, 1997; DeVault, 1991). In relation to the above, King, McDougall, DeWit, Hong, Miller, et al. (2005) examined the academic and social behaviour outcomes for children with chronic conditions, activity-limiting conditions, and without health conditions. Their findings were derived from a cross-sectional analysis of a longitudinal study of 22,000 zero to 11 year old Canadian children that started in 1994. They concluded that family routines support emotional growth in children through exposure to developmental activities and by the expectation of

participation in family routines and tasks. King et al. (2005) proposed that adolescent competence is enhanced by the learning opportunities provided by engagement in family routines, together with the provision of practical and social support, so that adolescents can engage confidently and competently in wider social contexts.

On a practical level, participation in common activities overall is linked to health (Hocking, 2008). Hocking, occupational scientist and associate professor at Auckland University of Technology, has contributed extensively to the literature on the link between occupation and wellbeing. Hocking posed that being part of a family that has the necessary skills to flourish, helps one do well. Contributing is considered an important aspect of that. For instance, contributing to the daily running of family life may give children a purpose and help them feel part of a greater whole.

It could also be argued that the expectation of partaking in routine tasks could make significant contributions to teenagers learning independent living skills, a notion suggested by Hofferth and Sandberg (2001). These skills may not just be transferable on a personal development level, but also on a societal level. In this context, Brannen, Heptinstall and Bhopal (2000) completed a research project between 1996 and 1999 at the University of London, on the sense of connectedness that 11-13 year old children have to their caregivers and family life. The authors took the view that thus far in the research literature there had been a paucity of research from the children's point of view. Their book is therefore based on children's accounts of household structures and processes. The authors deduced from these accounts that learning to look after yourself and being expected to help out, fosters altruism in later life. This implies that those who can look after themselves and have learned willingness to be useful to others could be seen as having the ability to be contributing and functional members of society.

A similarity could be drawn here in terms of occupational potential. If parents want their children and adolescents to become functional adults then it makes sense to expose them to opportunities to learn how to achieve and to unlock their occupational potential (Wicks, 2005). Wicks' article was based on her study of older Australian women's experiences of the development of their occupations through their lives. She found that an individual's occupational development is unique and shaped by his or her environment and opportunities to learn. She identified that occupational potential begins in childhood and is facilitated initially in the home environment. The processes and related activities of the daily family routines enable children to participate in associated

tasks, which could develop their potential to achieve and be successful. Heath (1995) reached similar conclusions on the significance of active socialisation by parents/caregivers to foster social competence in children. According to Heath, parental fostering of small successes, assisted by active parent involvement in childhood, was critical to achieve positive outcomes for adolescents.

Family routines also provide opportunities for teaching children appropriate behaviour through corrective discipline. This is shown to be important for child and adolescent development of self-esteem. Pryor and Woodward (1996) analysed the results of a comprehensive longitudinal New Zealand study of a cohort of 1073 Dunedin children since 1973. This article was particularly appropriate for inclusion in this review as it pertains to New Zealand adolescent perspectives. Similar to the findings by Carter et al. (2007), they found that authoritative discipline and a supportive family setting are positively correlated with good mental health outcomes in adolescence.

On the other hand, lack of routine and boundaries was found to be detrimental to the development of young children. A literature review of qualitative studies on Australian mothers' experiences by occupational therapist and professor Griffin (2004), showed that children who grow up without learning to follow routines and comply with boundaries set by their parents/caregivers, might show behavioural problems as early as in preschool. Griffin's conclusions were drawn from her qualitative study on the ways that mothers organise the day-to-day care of their children and shape family routines. She conducted interviews with mothers of preschool children, representing a range of socio-economic statuses from the wider Sydney area. The results are assumed to be comparable between Australian and New Zealand societal environments and experiences. Although the research was related to a young age group, her conclusions could have significance when taken in the context of facilitating young children to develop the necessary skills to become well-adjusted adolescents who are prepared for leading productive adult lives.

Communication and interaction

A particular benefit of family routines lies in the opportunity they provide for the development of communication and interaction skills, the primary form of which is through talk (Blum-Kulka, 1997; DeVault, 1991; Segal, 2004). In the context of the function of routines, a widely researched and discussed medium for the development of communication and socialisation skills is the family meal. Although not a particular

focus of this study, it is considered in the literature to be of such importance in a family health context that it is worthy of mention. Without exception, the literature reviewed in this context discussed the function of the family meal in terms of routine, socialisation, upbringing, and developmental aspects, as highly significant. Other than providing an opportunity for sharing a space and spending quality time, the family meal is an occasion in which to teach children social skills such as conversation rules and manners, appropriate interaction skills and conversation topics, table manners, social manners, obligation, and mutual respect (Blum-Kulka, 1997; Denham, 1995; DeVault, 1991; Evans & Rodger, 2008; Fiese et al., 2002; Grieshaber, 1997; Olson & McCubbin, 1983; Segal, 2004).

Susan Grieshaber (1997), professor at the Queensland University of Technology, takes a critical, feminist, and postmodern theoretical research perspective on family routines. She examined the power-discourse between parents and their children played out during meal times. Her findings were that mealtime rules were applied differently between girls and boys, perpetuating traditional household role division. Her findings also suggested that the stability of the daily rhythm brought by dedicated meal times was a stabilising factor in the positive development of children. It must be acknowledged that Grieshaber's research generally focuses more on family discourse in young families rather than families with adolescents. This article is nevertheless considered useful for this review, because positive or adverse childhood development could be argued to have an impact on wellbeing during the adolescent years. Moreover, the Australian societal context can be expected to be similar to that of New Zealand, which makes these findings additionally relevant.

Further, Valentine (1999) considered the family meal as a vehicle for adolescents to start exploring their individualisation by expressing their opinions during conversations and making choices about their food consumption, including exploring the environmental and moral implications of eating certain foods. DeVault (1991) posed that the partaking in a family meal is about more than fulfilling a biological need, namely that the shared family meal as a concept "sustains social and emotional life as well as physiological being, through the cultural rituals of serving and eating" (p. 35). This does not mean that other activities may not serve the same purpose, but the togetherness that the family meal provides seems particularly suitable.

The family meal is also considered to facilitate positive interpersonal relationship skills, and identified to be a buffer against stressors. Olson and McCubbin (1983), and

Denham (1995) found that therapeutic interventions such as the structuring of meal times have been shown to positively influence adaptive family development. From the above discussion, one could conclude that the family meal could be considered a major instrument in the fostering and maintenance of pro-social behaviour and wellbeing from early childhood into the adolescent years.

Routines facilitate resilience

The strengths and resources fostered by regular family routines give families the ability to rebound from adverse challenges. In other words, families become resilient. Good family relationships foster resilience (Olson & McCubbin, 1983), and togetherness and connectedness built by good relationships create effective and high functioning families. Research shows that the features of high functioning families have a strong correlation with resilience (Walsh, 2003). Resilience modelled by parents makes resilient children and adolescents, and in turn, resilience in children and adolescents is positively correlated with good mental health outcomes (Walsh, 2003).

A more recent comprehensive and robust literature review on family resilience factors by Black and Lobo (2008) confirmed the above authors' findings. The findings of this review were that "healthy (strong) families may be explained as sharing resilient processes in response to stress or change" (p. 34). Those processes were identified as spending quality time together and adherence to routines and rituals. The authors stressed the importance of together time such as shared recreation and meals, and using daily chores as opportunities for time together. They also suggested that having structured daily patterns would be the ideal for fostering resilience in family members; however they cautioned that there needs to be room to manoeuvre, roles and tasks need to be adaptable and flexible in a balanced way.

In terms of ability to respond to stress or change, the importance of maintaining routines is also shown by Schultz-Krohn (2004). Her findings indicated that when people in adverse situations held on to their meaningful routines, it helped them maintain a link to 'normality' and facilitated re-entry into and connection with society. One can imagine that adherence to previously forged routines before living in a homeless shelter would maintain a connection with former life and can be recreated or resumed. The ability to apply resilience in the maintenance and return to family routines could be argued to contribute to family members' wellbeing.

When routines become rituals

In the same way that daily routines shape families' identity, rituals enhance their identity (Segal, 2004). Rituals "involve symbolic communication and convey 'this is who we are' as a group" (Fiese et al., 2002, p. 382). Rituals transcend routines in that they "involve not only the practice of routines but also the representation and beliefs concerning the family's identity" (Crespo et al., 2008, p. 192). According to Crespo et al. (2008), the process of ritualisation occurs when routines are carried out over time in a way that identifies the family in their context and life story. Crespo, a doctoral candidate at Victoria University of Wellington, New Zealand, focused on the perceived association of family rituals and relationship attachments. A questionnaire of 150 cross-sectional Portuguese married couples was conducted to determine contributing factors to a sense of relationship quality and closeness through the experience of family rituals. Although not directly related to adolescent experiences, the article has relevance in its discussion of the concept and patterns of rituals and their significance for families. Crespo et al. found that the consideration of rituals in the context of family routines lay in the importance of their function as markers of family wellbeing. In the same context and often mentioned in the literature, is the contribution that rituals make to relationship building, family bonding, childhood security, sense of belonging, and confidence in adolescence, as outlined below.

As with routines, rituals provide necessary stability for the psychological wellbeing of children in family life, as they act as coping mechanisms in times of stress (Fiese et al., 2002; Schuck & Bucy, 1997). Schuck conducted a study as part of her doctoral dissertation for Illinois State University, including an extensive review of existing literature and related theory. Her study included an impressive discussion of the concept of rituals, their function, and the differences between routines and rituals. One of Schuck's findings was that if a family can hold on to the familiar by engaging in their daily rituals, then that stability can potentially help children maintain a sense of continuation and 'normality'. Another finding, one she had in common with other authors, was that rituals also provide the family with an identity: they are "occasions during which family members transmit values and beliefs" (Schuck & Bucy, 1997, p. 482), and are related to perceived feelings of family solidarity.

Lastly, rituals are positively correlated with child and adolescent adaptation and adjustment (Fiese et al., 2002; Schuck & Bucy, 1997). If families participate regularly in family routines, then the rituals expressed during those times bolster young people's

adaptation skills (Olson & McCubbin, 1983). Rituals, then, have strong protective factors; however when rituals become rigid or too formal, they may become maladaptive. They need to be dynamic to accommodate the growing family as new meanings emerge. A family that can adapt to changing expectations shows the kind of resilience that fosters good adaptation and adjustment by its members (Kalil, 2003; Schuck & Bucy, 1997).

Other considerations

This literature review of the nature of family routines gives insight into the separate elements that contribute to the significance of shared family occupations, and could be considered as contributor to children growing up to become well-adjusted young adults. However, in isolation, each of the elements that make up family routines does not sufficiently signify that potential. For instance, a routine may be present but forms of interaction may be detrimental. A strong sense of belonging may be achieved, but if the routine is destructive, the overall benefit is reduced. It is only when family routines have a combination of contributing factors, such as a familiar environment, authoritative role-modelling, and healthful communication and interaction, that they can become powerful tools to help foster the mental wellbeing that will positively influence adolescents on their road to adulthood. Routines, therefore, are not the be all and end all. When routines, like rituals, are held on to in a rigid manner with little room for flexibility, they can become maladaptive and detrimental to wellbeing (Black & Lobo, 2008; Denham, 1995). In the normal rhythms of the week and weekends in current society, variations in the construction of daily family life are as diverse as there are families, and, in my opinion, must be welcomed.

Conclusion

This literature review has clarified the parameters of family, indicating a wide-ranging understanding of what family means to people in a post-modern world. It has also highlighted important considerations in the context of family routines, and the role of routines in the healthy development of children and adolescents. The seminal and recent literature accessed to inform this review shows consistency in the overall finding that the presence of stable family routines is essential for the wellbeing of growing children, including mental wellbeing. The function and meaning of family routines have been shown as primarily protective for the healthy development of children into confident and contributing adults. In particular, the participation in daily routines and associated tasks in a shared context, support sound social and emotional development.

Furthermore, in terms of mental health, the review has shown that routines are particularly suitable for the development of resilience, which in itself is protective of wellbeing. In practical terms, family routines are the primary source and opportunity to help children develop communication skills, and become socially competent and adaptable. One way of achieving this is suggested to be the family meal, frequently mentioned in the literature. Finally, family routines are widely discussed as catalyst for developing family rituals, which again are considered highly protective in the healthy mental development of children.

This review shows that there is considerable knowledge about the significance and function of family routines in a range of family health contexts, however not a great deal has been written about *how* routines develop and change, and what forms routines actually take when families are affected by a mental health problem. It seems a gap exists in the literature about the experience of family routines in an adolescent mental health context from an occupational perspective. Sociological and psychological views have been addressed but an occupational science view of family routine development and experience is warranted to further contribute to the richness of family routine literature.

In light of this review, the significance of family routines cannot be underestimated in the support of good mental health during the adolescent years. While mental health problems are caused by wide-ranging sets of internal and external influences, practical therapeutic support of family routines could play a significant role in the recovery of adolescents with mental illness. The study of family routines in the context of adolescent mental health is therefore considered a justifiable endeavour.

Chapter Three: Methodology

Introduction

To gain insight into the nature and meaning of family routines when a teenage family member has a mental health problem, a methodology was sought that would allow this topic to be explored and the data interpreted in a straight-forward manner. The aim was to create a picture of what happens to daily routines when family life is affected by mental health problems, including how families deal with disruptions in the structure of their daily lives. As an overall framework, a qualitative approach best fitted this aim. Qualitative research gives representation of people's lived experiences through verbal accounts from an everyday context in order to gain understanding of health. Within the qualitative research paradigm, the most suitable methodology for this study is qualitative descriptive, as it generates a comprehensive description of the phenomenon researched and interpretation of findings in a straightforward manner without drawing on the work of a specific philosopher. The straightforward nature of this methodology allowed commonsense understanding of the data, generating findings that would make sense to families and multidisciplinary team members who work to assist these families from different perspectives of care.

In this chapter the methodology and the theoretical underpinnings that have informed the research design and the ethical considerations that guided it are discussed. The recruitment methods are outlined, including a thorough description of the participants, the sampling process and its limitations. Data gathering and analysis methods and processes to ensure rigour are described in depth, to give a trustworthy account of the study.

Methodology

Qualitative research, in which subjective meaning is constructed from human experiences of health, among other things (Wilding & Whiteford, 2005), became an established alternative paradigm to quantitative research from the 1970s onwards (Broido & Manning, 2002). The qualitative descriptive methodology of interpreting data to find themes in relation to existing knowledge puts this study in a post-positivist paradigm, where data is analysed and interpreted through a lens of previous knowledge and theories (Weaver & Olson, 2006).

The post-positivist paradigm, borne out of dissatisfaction with the positivist acceptance of inductive and verifiable knowledge as irrefutable (Clark, 1998; Crossan, 2003;

Crotty, 1998), offers a view that “reality is not a rigid thing, instead it is the creation of those individuals involved in the research” (Crossan, 2003, p. 52). Post-positivist research, as described by Crossan, is generated by using both quantitative and qualitative paradigms to “define research goals, to choose research questions, methods, and analyses, and to interpret results” (p. 53) where outcomes focus on meaning and understanding in a contextual manner (Clark, 1998).

Within the post-positivist paradigm, qualitative descriptive methodology generates a description of a phenomenon from the perspective of those who experience it (Thorne, Reimer Kirkham, & MacDonald-Emes, 1997). It interprets what is observed in a manner that is perhaps less subjective than in more philosophically informed interpretivist methodologies. The aim is to give an accurate account of an event by gaining multiple viewpoints and asking open and non-leading questions about individuals’ beliefs and perspectives on a topic (Roulston, 2010). This approach allows for interpretation of data and generation of findings in a commonsense manner (Sandelowski, 2000). Sandelowski further pointed out that the decision not to focus on a philosophical framework allows the researcher to summarise and interpret a phenomenon while having the freedom to decide the extent to which he or she will delve into the potential subjective meanings that may be derived from the data. For this study the approach was to analyse for manifest meaning in describing what was said, but there was also a latent component in the analysis, in that the themes that were formulated expressed the interpreted meaning of the data (Graneheim & Lundman, 2004).

Sandelowski (2010) cautioned, however, that a perceived lack of depth in the interpretation of data due to the descriptive and relatively untheoretical nature of the methodology does not mean that the data is merely transferred to the reader. Interpretation is a requirement and must be based on thorough attention to rigour and trustworthiness. Like Weaver and Olson (2006), Sandelowski also reinforced that there is a theoretical underpinning of this methodology, in that the researcher is influenced by theory from readings and theoretical knowledge, and therefore applies such knowledge subjectively when data is analysed and themes are formulated.

The epistemology for the qualitative descriptive methodology is essentialist/realist which “reports experiences, meanings and the reality of participants” (Braun & Clarke, 2006, p. 81). The intention was to portray the experiences and meanings based on the assumption that there is a relationship between the meaning of experiences and the

expression thereof by those telling their accounts. As the aim of this study was to get an idea of what families experience when their day-to-day functioning is affected, it would be necessary to keep to the literal expression of their accounts. A realistic description of the experiences might also clarify if there were commonalities in their experiences, whether there were patterns of functioning one way or another that influenced the families' wellbeing. The essentialist/realist epistemology fits comfortably with the neo-positivist paradigmatic classification (Roulston, 2010), as emphasis is on both a neutral and accurate manner of gathering accounts through language.

Research Methods

Ethical considerations

Ethics approval was given on 19 January 2010 by the Northern X Regional Ethics Committee of New Zealand, approval number NTX/09/11/108 (Appendix A). Locality organisation approval was granted on 25 January 2010 by the Auckland District Health Board (ADHB) Research Review Committee, approval number A+4593 (Appendix B). Approval from the ADHB Māori Research Review Committee (Appendix C) was given on 9 December 2009. Prior verbal approval from the clinical director at the Kari Centre, ADHB Child and Adolescent Mental Health Service (CAMHS) was needed to access the client base for recruitment and use the service premises for interviews if required. This was an essential part of the health board's locality approval process as it allowed Kari Centre case managers to be approached to contact potential participants. This process also satisfied the ethical requirement that participation was voluntary and not elicited by the researcher. Locality approval was further dependent on the explication that the study was conducted personally through a tertiary institution and was not related to the Kari Centre as a research facility. To that end all official information in relation to the study had to specifically state that AUT was the supporting institution for this study, and had to carry the AUT logo where applicable.

Ethically, the participants' involvement in this study could not affect standard treatment procedures that they were receiving from the service, in case their participation in the study compromised their therapeutic relationships or trust in the service. Therefore care was taken to ensure that adolescent participants selected were in a sufficiently stable mental state and well engaged in their treatment to give assent/consent and to engage in the interview process. The key workers who were asked to approach their clients were fully informed of this inclusion criterion, so that they could approach those clients that they felt were suitable. To ensure that this intention was carried through, I checked with

the key workers for each recruited participant that they were in an advanced stage in their recovery and had expressed their willingness to participate. Feedback from key workers was that those participants that had agreed to participate after reading the recruitment pamphlet had done so willingly.

There was a possibility that some of the participants would be known to the researcher through a previous therapeutic relationship. This was acknowledged in the participant information sheet, and disclosed to all potential participants at first contact. To safeguard against these prospective participants feeling pressured to participate, two actions were taken. First, written statements on the information sheet clarified that participating in this study would have no bearing on participants' continued engagement with the Kari Centre. Second, an opportunity to address any concerns verbally was given at the time of first contact and a delay of period of 1 to 3 weeks between that initial contact and following up to arrange interviews was allowed for people to reconsider their participation if they wished. Further, it was verbally suggested and written in the participant information sheet that they were free to contact a support person to discuss any concerns, and that they could have a support person present at the interview if they desired.

As the discussion of previously stressful experiences might bring up unwanted emotional reactions during interviews, the potential risk for this was discussed with participants before the interview started. Were this to become an issue, an agreement was made with the interviewees that if they wished, I could notify the service provider through the appropriate channels on their behalf (duty officer or after hours crisis team). If, based on my clinical experience, it had become evident that a participant was at imminent risk of harm as a result of the interview, professional obligation would have dictated that I disclose and contact the service in accordance with standard service protocols. This was also discussed before the interviews started. Although this protocol was in place, this process was not needed for any of the participants throughout the study period. As an added ethical requirement, it was stated in the ethics application that in case of immediate adverse outcome to the psychological health of the initial participants, the study would be immediately terminated.

Cultural considerations

In accordance with the principles of the Treaty of Waitangi, cultural consultation was sought from Māori colleagues at the Kari Centre. They made themselves available for discussions about the meaning of culture to them, not only from a societal and personal

perspective but also in a mental health context. From these conversations, insight was gained into cultural influences on mental health experiences.

One particular colleague's perspective was that the apparent loss of cultural structure, customs and roles due to urbanisation, has contributed to what he viewed as loss of opportunities to forge strong families and foster responsibility among young Māori. He spoke of the role of whanau (family) routine and structure, with time and support given by parents/caregivers to help young people feel that they are part of a unit, and to teach youngsters that they are part of a greater whole; a people with a rich culture and history. This would give young urban Māori a sense of belonging, knowing who they are, and a sense of groundedness that would support their mental wellbeing.

This perspective was elaborated on by another Māori colleague who shared his thoughts about whanau/family bonds and the importance of strengthening iwi (extended family) ties and teaching younger whanau/family members the tikanga (cultural practices in daily life) and their ancestry. While exchanging experiences of family gatherings, common ground was found in feeling the need to regularly gather as a family and as a wider family group to maintain bonds and feel grounded. However it was also identified that a difference existed in the meaning of family bonds from a cultural perspective. On the one hand, for Māori, whanau/family bonds are closely tied to the land and the belonging and wellbeing of a whole family grouping (iwi), whereas my family bonds are based on direct relations and individual relationships.

This cultural perspective was an important one to address as New Zealand is a bi-cultural society and the Māori perspective is an integral part of any meaning derived from data. This importance is reflected in the recruitment process where key workers were specifically asked if they had Māori families on their case load that would meet the inclusion criteria and might be interested in participating. Two out of the 7 participants were Māori which is a reasonable representation of the percentage of Māori families that access the Kari Centre.

Recruitment

Rationale for inclusion and exclusion criteria

The first inclusion criterion for participants was that they were either parents/caregivers of adolescents receiving treatment at the Kari Centre or the adolescent receiving treatment. Where possible, a parent and adolescent from the same family were sought so as to add multiple perspectives to the data, providing a wider representation of family

routines (Tobin & Begley, 2004). The adolescent in participating families had to be between 13 and 18 years of age, which are the ages identified in Chapter One as encompassing the adolescent years. Consistent with the broader concept of whanau, the adult participants could have been caregivers or any other responsible adult living within the same household.

The decision to recruit from the Kari Centre was mostly for reasons of convenience of access to the target population (Tuckett, 2004) and my own familiarity with the service and its day-to-day practices. It also gave the advantage of personally knowing all of the key workers who would make an initial approach to prospective participants. This enhanced their willingness to support the research efforts and provided a context within which to generate and consider the findings. This was important as the goal was to generate knowledge that has clinical utility.

Further inclusion criteria were that the participants had an adequate command of conversational English, that the adolescent was living in the context of a family environment, that the family had experience of disruption in adolescent mental health status, and that the adolescent participants were at a stage in their recovery where they would be able to cope with discussing aspects of their previous functioning.

Recruitment methods

The initial recruitment method reflected the aim of selecting a broad sample from the pool of potential participants. To this end a pamphlet was developed that contained the necessary information to introduce the study (Appendix D). This process was guided by the ethics committee criteria that required the pamphlet to be appealing to adolescents and contain key information about the study. A major factor in the appeal was to use youth friendly language, images, colours, and fonts. Key information included the aims of the research, the participant criteria, the level of involvement required from participants, multiple contact possibilities including texting, and supports that could be accessed. Additionally, there was a proviso from the health board as to what could be stated in relation to the Kari Centre's level of involvement. It therefore had to be explicated that this was a private study conducted by me through AUT to meet the requirements of a postgraduate degree.

The strategy was to send out a global email across the service to clinicians, inviting them to mention this study to families when they saw them and hand out pamphlets. These were made available to clinicians through reception and also as an email document. Pamphlets were also placed around the reception area for people to pick up.

It was expected that potential participants would come forth from this strategy, at least sufficient to be able to use a selection process that would ensure cultural diversity. However no response was received from clinicians for a number of weeks, despite several repeat emails, and only one participant through reception. It was then decided to approach specific clinicians that were known to be closely involved in family work and to have a contingent of adolescents on their caseloads. Clinicians who were sympathetic to research and were seeing families that had experienced disruptions due to mental illness were approached personally. This change of tack proved fruitful and the first four participants were recruited very soon after. The four people represented two families, both mothers and sons. By including this adapted strategy the recruitment approach represented both a conceptual (identifying the issues) and procedural (through specific clinicians) manner (Tuckett, 2004).

The next strategy was to ask clinicians who were running a specific group on parenting adolescents to hand out pamphlets at the end of group sessions. However this approach yielded no participants. Finally, colleagues in the day programme were asked to hand out pamphlets to the adolescent clients that had just graduated from the course. This was expected to be a successful strategy as it was thought that families that had recently had clinical contact with the researcher might be more inclined to participate, but no families responded. Further, multi disciplinary team meetings were attended to explain the study and ask key workers to check their caseloads for suitable families, and pamphlets were also handed out to key workers in their offices. Feedback from these strategies was that a good number of families were given a pamphlet but chose not to respond. Approaching individual case managers a second time yielded the remaining participants, a mother and daughter. Active efforts to recruit more participants ceased after these last two interviews, because the coded and categorised data hitherto already yielded clearly identifiable themes, and the added data analysis of the last two interviews showed many commonalities with previous data. Interestingly, all participants had at some point been involved in the day programme, either directly or through siblings, or were parents of past clients. It seems likely that some familiarity with me through a therapeutic relationship could have influenced the families' decision to participate.

One drawback of the overall recruitment strategy was that there was the potential for 'gatekeeper bias' (Tuckett, 2004) by the clinicians that were contacted, in that others had control over who was approached. It was their consideration of suitable participants

that decided who was given pamphlets and who was not. What reduced this bias was my familiarity with their caseloads. Each time I approached them to assist with recruitment, potential participants who might be able to provide rich data were discussed. Of the seven participants, the first five were known to me, and the remaining two had knowledge of the day programme where I work. All participants acknowledged verbally that their decision to participate had been made willingly and they gave assurance that they did not feel obliged, but rather felt grateful for the service they were receiving from the Kari Centre, expressing a sense of 'giving back'.

Individuals who had expressed interest were contacted either by phone or by email and the aim of the study and what their involvement would be was reiterated. An email account was set up and a cell phone was acquired specifically for this purpose. In this way the study could be positioned as unrelated to my work, as well as safeguarding my own privacy. After initial contact, a week was given before sending potential participants an information sheet (parent: Appendix E; youth: Appendix F) that explained the study in more detail. At that point assurance was given that my involvement and that of any other persons for supervision purposes would have no bearing on the service they were receiving and an assurance of full confidentiality was given. Again participants were reassured that they could withdraw from the study at any time before or during the process. Opportunity was given to contact me should there be any questions prior to making a final decision.

Sampling methods and participant profile

The intention was that sampling would be purposive and small scale as the focus was on depth of findings and achieving cultural and diagnostic representation, rather than on quantity of data (Jones, 2002). As it happened, the difficulties that were encountered in the recruitment phase meant that true purposive selection was not possible. It was fortunate that the respondents met the inclusion criteria fully with one exception; they were able to converse well and gave in depth accounts from their experiences of disrupted family routines. This was important because had a participant not been able to sustain a conversation due to either language barriers or for mental health reasons, the data might not have had the depth required in the context of a small scale study with few participants. For the latter reason one adolescent who had expressed interest was not included, however his mother was interviewed. The participants' ability to represent the topic and contribute to the data increased transferability (Horsburgh, 2002; Tuckett,

2005). The fact that all participants were suitable is perhaps a result of thoughtful application of the inclusion criteria at the recruitment stage.

The reason for using purposive sampling was to get cultural and diagnostic diversity, as well as a variety in family structures and gender. The aim of this was so that insights coming out of this research could be applicable to the diverse client group that access the Kari Centre, and perhaps also similar populations elsewhere (Tuckett, 2004). The city of Auckland has a wide variety of cultures such as New Zealand European, indigenous Māori, Pacific Island, Asian, African, and Middle Eastern. The Kari Centre sees children and adolescents from across the cultures mentioned, which provided an opportunity to try and select participants from specific cultures to reflect this diversity. It was hoped that a reasonable representation of cultures that make up local society could be recruited so as to give a portrayal of experiences in the environmental contexts of the participants, and to reflect the cultural contexts in the data analysis and interpretation. This was not a realistic aim as the small number of intended participants (up to 10) made this goal unachievable. Moreover, the small number of participants that expressed interest limited sampling options, which meant that not all the cultures and diagnostic range were necessarily represented.

However, while sampling was obviously very limited, Mason (2002) stated that there is more to purposive sampling than gaining accurate sample representation for transferability and confirmability. According to Mason, all phenomena will contribute to the complexity and nuance of the data, thereby making it and its analysis more rich and interesting, and eliciting greater interpretation beyond aggregating data sets and showing patterns. That perspective meant that the data needed to be specifically searched for examples where there is no similarity in findings rather than where is, and so would be able to strengthen understandings and interpretations. The strength of interpretations therefore was based on the variety within data and not on the diversity of the sample.

Of the sample recruited, five participants were New Zealand European, and two were Māori, which reflected a reasonable representation of the Kari Centre client population within the limits discussed. All of the four parent participants were mothers, which was not by design. Where both parents were available, the parent with the most hands on time in relation to maintaining family routines and therefore with the most potential for data rich accounts was interviewed, which happened to be the mothers. This may not be entirely coincidental, as it is well documented (Primeau, 2000) that women that have

families tend to take the responsibility for the organisation and division of household routines and the care of children. The adolescents interviewed were two males and one female. The participants are Dave and his mother Carol, Max and his mother Alexandra, Lily and her mother Helen, and Pam, mother of a boy who was not eligible to participate in the interview process. The participants' names are pseudonyms. The diagnoses represented among the adolescents were anxiety, depression, and autism spectrum disorder.

Data gathering

In keeping with qualitative descriptive methodology this research was conducted using semi-structured, individual interviews (Sandelowski, 2000) guided by an interview schedule (parent: Appendix H; youth: Appendix I), with the addition of a time use diary (Appendix J) to be completed over several days of one week prior to the interview. With respect to choosing to conduct individual interviews, it was thought that adolescents may not have felt they could talk freely in a group situation, particularly if a parent was present. In the case of parent participants, individual interviews were chosen as the method as, from experience, a collective forum might have generated the risk of parents discussing their issues rather than the study questions. This choice was also a reflection of being a novice researcher, as it was thought that lack of interviewing experience might affect my ability to maintain the focus on the topic and therefore the quality of the data. Arksey and Knight (1999) advised novice researchers to hone their interview skills by conducting semi-structured interviews with individuals before embarking on more complex and loose interviewing methods, which reinforced the decision for the interview methods used in this study.

Participants were given the choice of when and where the interviews would take place, with the aim to minimise inconvenience and/or cost to them. They were offered reimbursement for reasonable travel costs, however no one took up that offer. A consent form (Appendix G) was signed before the interviews started and opportunity was given again to ask any questions. Full confidentiality was reiterated. The participants were given the opportunity to choose a pseudonym. Upon completion of the interview, each participant was given the choice of a gift or petrol voucher as a thank you for their time.

Once a time and place for the interview had been established, the interview schedule and time use diary were sent to each participant individually. The reason for providing questions in advance was to give the participants the opportunity to focus on the kind of routines they would be asked to discuss. Due to the mundane nature of everyday

routines, it was felt that such routines could have easily been overlooked and therefore not have been considered. Studies by Evans and Rodger (2008) and Barker Dunbar and Roberts (2006) used the same approach, which reportedly helped the interview process. It was therefore decided to use the same approach for this study. This decision is supported by Tuckett (2005), who suggested that when using semi-structured interviews, sending questions to participants in advance facilitates participants' focus on the topic and provides a framework for the interview.

The time use diaries were also used to help participants be more mindful of their routines. Application of time use methods in research is considered a valuable tool for gathering data to gain understanding of what people do in their daily life (Michelson, 1999). It allows the researcher to gather such information not just to assess what people do every day, but also as an indicator of behaviours and associated feelings in an individual's own contexts. Routines and habits tend to be automated (Kielhofner, 2008) and therefore forgettable, so the diaries provided a concrete tool as a starting point in the interviews. Participants were asked to fill in the diary over three days during the week before the interview, and that information was used a basis for the discussion of routines. The diaries were further used as reminders of how the structure of their daily routines impacted on wellbeing. To that end a column to record how interviewees felt about the events they recorded was included. At the outset, it was not known whether participants would complete the diaries and whether they would function as a useful prompt for discussion. Therefore, a subsidiary aim of the study was to ascertain whether time use diaries supported the questioning structure. This will be further discussed in Chapter Six.

The thinking process to formulate the interview questions started with a combination of a personal sense of routines, clinical experience of how families manage their daily lives, and knowledge of routines acquired from the literature. This understanding was then applied to examples of how to formulate questions from the literature (Mason, 2002). The intention was not to impose an existing theoretical stance on the questioning, rather to find out about experiences of routines present in people's lives, either preconscious or to some extent automatic. From the literature review an overall view was gained of related phenomena to the topic and broad ideas were developed about what kind of information was needed. For example, what the morning and evening routines looked like in the household when family life was going to plan versus what happened when family life was disrupted by mental health problems. Or how

people's daily productive activities were affected, if at all, by disruptions or concerns. Or whether people attribute meaning to routines (or not) and how those meanings influenced the daily decision making processes.

These initial questions were further developed through reading Mason (2002), following the suggested process to generate questions that actually facilitate answering the thesis question. Under supervision these thoughts were formulated into the following set of guiding questions. The first stage was to find out about the typical routines in the family, who does what, what usually happens, who decides/influences what happens. This was followed by questions about changes when the adolescent family member became unwell, who made the decisions then, what happened to the daily routines, did anything unusual happen. This second stage was to get an idea of contrast between daily routines when things went well and when it did not go well. What helped families get on with their daily lives through difficult times, what it was like, were there any examples of this. Interviewees were then asked to talk about the significance they ascribed to their daily routines for them and their families, to get an idea of the meaning of daily routines for families. And finally, participants were asked what they would advise others going through similar experiences about managing their routines. The questions were not necessarily followed literally; rather they were used as guiding points during the interviews. See Appendices H and I for the full interview guide.

Data were collected by digital recording and transcription, with the addition of the time use diary. The interviews were recorded with the participants' approval and reassurance was given that the transcripts would only be accessed by the researcher and university supervisors. The decision to personally transcribe the recorded data was made to become thoroughly familiar with the data through repeated playback, and also to remember the voice inflections, pauses, sighs, hesitations, and any other clues that illustrated what was said. Lapadat and Lindsay (1999) proposed that the act of transcription facilitates the close attention and interpretive thinking required to make sense of the data. In retrospect, when re-reading texts, the nuances of what had been said and how things were said were easily recalled. This allowed for an enriched interpretation of the text. It also helped recall the facial expressions and body movements that had accompanied some of the more expressive comments. For this it was helpful that the transcription process was started directly after the interviews were completed. However time consuming it may have been as a novice transcriber, it was an invaluable exercise that helped the data come to life each time it was read.

Data analysis

A typical method of data analysis in qualitative descriptive studies is thematic coding and analysis (Sandelowski & Barroso, 2003), which is the description of concepts and themes. The specific analytic method used was semantic thematic analysis, which is a progression from the description of the data as it has been told, to concepts that are organised into patterns, summarised, and interpreted, "to attempt to theorise the significance of the patterns and broader meanings and implications, in relation to previous literature" (Braun & Clarke, 2006, p. 84). The language used in the participants' accounts was not interpreted to find hidden meaning; rather interpretations were made of the text as it was presented, which was then related to similar phenomena in the literature. The analysis was thus inductive, as meaning was derived from the data rather than trying to fit the data with what has been previously written on similar topics. After completing the analysis, the literature was reviewed to see where the linkages and similarities were. This process of triangulation enhanced understanding of related phenomena and helped reveal the subtleties in the text that might have otherwise been overlooked for lack of prior knowledge (Braun & Clarke, 2006; Tuckett, 2005).

The theoretical perspective that underscored the analysis and interpretive phase was occupational science, as introduced in Chapter One. This perspective was applied to relate the routine activities of daily living of participating families to the experience of disruptions to those activities. Occupational science and other literature from a variety of fields were further used to put the findings in perspective, which enhanced rigour (Tuckett, 2005). In addition, phenomenological reading (van Manen, 1997) was useful to gain further understanding of the nature of 'lived experience' data, and how to apply the thinking process to identify codes and themes. Some influence from phenomenology was justified, as a parallel existed in that essentially a phenomenon within people's lives was described and experiences and meanings thereof were explored, albeit without addressing the deeper implications of the philosophy of phenomenology itself.

Gaining the perspectives from parent and adolescent members from one family helped add depth and clarity around particular phenomena that the families had in common and was a valuable aspect of the method as it deepened understanding of family members' accounts. This opportunity for triangulation by seeking multiple perspectives from the same family was not designed to corroborate accounts; rather it was used to add perspectives of how routines came into being and were experienced. For example, one adolescent interviewee ascribed particular meaning to how she and her siblings have worked out a routine of who controls the television remote and therefore what is

watched on any given day, whereas her mother glossed over this particular aspect of the children's afternoon routine.

Another reason to gain the perspective of adolescents as well as the parents, was that each individual experiences common events in his or her own way, particularly so with members in the same family. It is well documented in the literature that family studies often include only data from a single family member, usually a parent (Sweeting, 2001), and therefore misses potentially enriching data that can give multiple perspectives of shared experiences. If only parents' accounts had been sought, there could have been the danger of 'proxy reporting', which according to Sweeting is the reporting of their child's experiences from the parent's own perspective, and creates the potential for the account to be inaccurate.

Coding and categorising

The act of transcription is considered an integral part of the initial analysis phase (Bird, 2005; Lapadat & Lindsay, 1999). Lapadat and Lindsay stated that the process of transcribing and reducing is essential in data analysis as it ensures thoroughness and accuracy. The above authors suggested that it is important not to skip the verbatim phase as the reworking will be more complete, accurate and unbiased. Indeed, a considerable amount of time was dedicated to transcribing each interview verbatim before starting to reduce the data into data units or codes. Throughout this process the preliminary meaning of potential codes and how these related to one another or how they fit with previously coded data from other interviews was constantly considered.

Once the data were transcribed verbatim, transcripts were reworked into coding units by removing fillers and any conversation not related to the topic. After this, transcripts were re-read to identify codes more formally. Codes were numbered, and afterwards re-read to see if any codes or parts of conversations could be placed together or at times reduced and thus renumbered. Graneheim and Lundman (2004) stated that such reworking of text is a legitimate manipulation of raw data and does not affect the quality of the data that remains, as long as it is done thoughtfully.

After the first two interviews, initial interpretative thoughts were recorded in a reflective journal. These thoughts were added to as interviews progressed and common aspects of experiences identified. As interviews were completed and codes interpreted, commonalities between codes across the interviews were strengthened and formalised into categories. Where a coding unit did not fit with categories already formulated, a new category was created, as it was important not to let data get overlooked (Graneheim

& Lundman, 2004). Each time this occurred, all interviews were re-read to check for fit with the new category. The process of re-reading and re-categorising was done exhaustively and formed the core of the analysis phase, which added to the study's overall trustworthiness (Graneheim & Lundman, 2004).

The small number of participants (7) reflects the qualitative nature of the study (Smythe & Giddings, 2007; Tuckett, 2004) and was sufficient to describe and interpret the nature and meaning of the experiences of this topic in relation to existing literature. When the first five interviews were analysed to the point where initial overarching themes could be identified, it was thought, in consultation with supervisors, that a few more interviews would suffice to increase confirmability. Completion of the last two interviews confirmed that the new data overall resonated with the data already gathered; the responses had similar content and meaning, albeit with individual variations. A point of saturation had been reached.

Themes

While tentative overarching themes had already started to be formulated during the reading and coding phase of the analysis, it was still thought that for thoroughness, it was important to apply proper data reduction (Carpenter & Suto, 2008). This meant that after chunks of data were condensed and organised into categories, further re-reading for meaning was applied to refine the categories; some overlapped one another but still had particular meaning that set them apart, others came out of the data quite strongly to form the basis of a particular theme, and some eventually merged. The categories were given headings that were mapped into a coherent and logical order; this was the data display phase (Carpenter & Suto). This was useful for formulating a structure and gave a visual map of groupings of categories that became sub themes. Sub themes were then verified against earlier tentative themes for fit. The final verification phase (Carpenter & Suto) of the analysis was to draw conclusions from the overall map of categories and sub themes to formulate final overarching themes.

Trustworthiness

The extensive literature review on the topic that was reported in Chapter Two was completed prior to the commencement of data gathering and links the study to existing literature in the field, thereby providing a solid basis from which the design, the inductive reasoning, and interpretation of meanings could be considered alongside other studies (Thorne et al., 1997). This contributed to the credibility of the study, as existing

qualitative descriptive studies on similar topics that had clearly described methodology were used to guide my study's design. For instance, the decision to use interviews as primary data gathering method was based on several studies that employed this method and showed depth of findings (Evans & Rodger, 2008; Kiser et al., 2005; Moriarty & Wagner, 2004; Segal, 2004; Schulz-Krohn, 2004; Valentine, 1999). Published outlines of interview schedules were used to guide the initial stages of thinking about the kind of questions that would elicit rich data, as previously discussed.

The methods, sampling, data collection and analysis have been clearly and thoroughly described in this chapter to ensure transparency (Curtin & Fossey, 2007; Tobin & Begley, 2004). Such 'thick description' of the study design will help readers to fully understand the content and meanings derived and to critique the findings (Curtin & Fossey), as well as render the findings transferable (Tuckett, 2005). Applying thick description is considered particularly important in qualitative descriptive methodology as by nature it follows no specific theory or philosophy. Thick description therefore eliminates ambiguity of method and enhances credibility and transferability (Sandelowski, 2010).

Recently published literature was read throughout the research and analysis phases of the study to ensure that newly reported phenomena on the topic could be taken into consideration to enhance findings in the analytic process (Tuckett, 2005). This was also helpful to support and confirm interpretations of findings or challenge existing assumptions.

Finally, reflectivity was applied throughout the research process by keeping a journal to continually modify any interpretations of collected data and to consider new aspects of constructed/identified themes, as interpretations were guided by personal values, biases, and ideas (Coyle & Williams, 2000; Curtin & Fossey, 2007; Sandelowski, 2000). The overall reflectivity process and any learning gained thereof was shown throughout the writing to ensure transparency (Curtin & Fossey, 2007; Horsburgh, 2003). Monthly supervision with thesis supervisors was maintained for guidance throughout the research, analysis, and writing processes. Peer auditing was sought from supervisors at several points during the analysis stage which helped to find alternative representations of the themes and contributed to the trustworthiness (Tuckett, 2005).

Chapter Four: The Plot

Introduction

This chapter describes the nature of daily routines in families affected by the mental health problems of adolescent family members, and outlines what everyday family life looked like for participating families. It encompasses the themes that pertain to the nature of routines in the participating families' lives, while family life is both running smoothly and when it is interrupted by mental illness. The term 'plot' was used by Carol, one of the mothers interviewed, and in this context means map or plan (The Concise Oxford Dictionary, 1999). The chapter was named 'The Plot', as it aptly describes the participants' planned patterns of functioning that they recognised and described as their 'normal' family routines. During the interviews I often observed a relaxing of participants' features; a drop of the shoulders or a sigh, and at times a smile would appear while recalling periods when family life ticked along without interruptions. Participants often used words such as 'normally', 'typically', 'usually', or 'generally', when describing their daily routines.

A cluster of four themes is presented in this chapter capturing the nature of routines as it came to light through the interviews (see Table 1, p. 52). The first two themes ('Normal routines as a means to and end and 'Normal routines as working together') describe the normal, everyday nature of routines when family life functioned uninterrupted. The remaining two themes ('Interrupted routines as 'losing the plot' and 'Sticking to the plot when routines are interrupted') describe the nature of routines when the family was affected by interruptions due to mental illness and how they dealt with these interruptions. Each theme is supported by a set of sub themes that are introduced under each theme. Additionally, underlying the sub themes were a number of external and internal influences that played a role in daily routines that affected individual and collective routines. Some external influences were sickness (both physical and mental), relationship issues, welcome and unwelcome changes, unpredictability (both from the environment and in the context of mental health), and obligations. Some internal influences were mood states, motivation, adaptability/resilience, vulnerability, and family members' attunement to each other's wellbeing. These influences will be discussed throughout this chapter and Chapter Five.

Table 1: Overview of themes

Theme 1: Normal routines as a means to an end	Getting from A to B Accomplishing routines for wellbeing Mixing it up Juggling routines
Theme 2: Normal routines as working together	Familial interdependence Roles and expectations Growing up – the complexity of caring for and letting go
Theme 3: Interrupted routines as losing the plot	'Normal' is the yardstick Going off the plot Attunement to change Family life in extremis
Theme 4: Sticking to the plot when routines are interrupted	Holding on Picking up the slack Balancing act Looking after self and family Learning to adapt

Normal Routines as a Means to an End

This theme illustrates the routines that were described by participants as the everyday functions such as chores, family caring, and self cares; routines that were automated and therefore went largely unnoticed. These routines had a functional and practical application and supported the daily running of the household and its members within the fluctuations of daily life. Four sub themes emerged from the data and will be explored below.

Getting from A to B

The participants' accounts highlighted the ordinariness of routines as a structure to get from one day to another, moving through obligations both at home and at work or school, keeping everyone in the household safe and well and functional. *"There's certain things that just need to get done, they're there every day, you do your dishes, you bring in the washing… and some of them are just the routines to get us from A to B, basically it gets everybody ready"* (Helen). There was also an element of ensuring that certain domestic routines were maintained to settle the family and keep family life going. Carol said that no matter how late she gets home, the simple act of preparing and eating a daily meal helped her and her sons wind down after a busy day. *"There are certain things that just need to happen each day… because I'm home late so we gotta eat, otherwise we don't eat, then everybody gets it alright and then we kinda chill down."* There was a sense of doing what needs to be done to keep the family balanced

in a daily routine, using mundane, routine activities as a means to an end to maintain a settled family life in which family members can fulfil their daily activities that meet their needs.

Accomplishing routines for wellbeing

From the accounts it became clear that participants perceived a connection between having a sense of purpose through routine achievements and having a sense of wellbeing as an occupational being. The accounts showed that routines were seen as the means to using time purposefully and as a measure of productivity. For example, Alexandra said: *"Routines are great, just a sense of structure, gives me a sense of being able to accomplish things."* She felt that the framework of her daily routines showed that she was achieving tasks. Routine activities were reviewed to determine the level of functioning that had been achieved and was considered by participants as a tangible measure in the preservation of one's own functional wellbeing. For example, Dave felt having a daily study routine gave him a sense of accomplishment and also a feeling of wellbeing: *"Just having times to get up, time to do things, a structured day. Not really just mucking around, wasting the day, I feel more like I'm doing something better."* With those words Dave expressed that routines provided him with a framework for self-improvement. Max also described purposeful routine in that context: *"Routines… give you purpose. What I'm doing is leading towards something… and I'm not just doing nothing and going nowhere. I just enjoy the feeling of working towards something."* Dave and Max both conveyed the feeling that routines gave them a structure to build their goals on. Their accounts in particular showed that purposeful routine or useful time as opposed to wasted time was a good thing; good as a framework for living and necessary to fulfil to get a sense of wellbeing, specifically from a mental health perspective.

Mixing it up

Much as maintaining purposeful routines to stay productive and well was seen as important, at the same time participants recognised that routines could be dull and therefore tended to be avoided or forgotten. It seemed that a balance was needed to provide variety from the drudgery of repetitive daily routines, as Dave said: *"it's OK for a while and then it just gets boring, so by the time I notice that it's getting boring the routine is starting to slip away."* Dave's comment shows that the repetitive nature of some routines made him less likely to want to persevere with them. Specific activities such as watching television or exercising, and going into the outdoors were used to

balance out mundane and obligatory tasks and break up the day, as Carol described: *"If it's really sunny and nice I will deliberately choose to enjoy myself in the garden now instead of worrying about all the dirty clothes."* The use of the word 'deliberate' shows that she made a conscious decision to change up her routine and do something else.

Variation in routines also came up when talking about weekends. They were a time that routines were varied more deliberately and it seems that a sense of freedom from the hassles of daily life was portrayed in the accounts. There was also a sense that weekends were a time of slowing down and taking life a little easier.

> [Sunday] *we just sort of have that slower day because normally it's quite busy at other times.* (Helen)
>
> *Sometimes Saturdays I'm wasted and I just let myself not get hung up about the housework or the washing or whatever.* (Carol)
>
> *It's* [Saturday] *just kind of a lazy morning… see whether I can be bothered going out, or if I've got homework or something to do, just take it slow.* (Lily)

Carol and Helen were both saying that weekend routines were quieter and slower, and there was no obligation in them. Carol was clearly tired from a busy week and wanted to let go of the obligatory routines, if just for a little while. Lily did not make decisions about what she would do beforehand, but allowed herself to see how the day would unfold. The sense here was that the slowing down and easy going nature of deliberately letting routines go gave a point of rest in the lives of the participants, a breathing space during the weekday or weekend in which to regroup or recharge their batteries. There was awareness that routines had their place in maintaining structure and wellbeing, but also that flexibility needed to be applied to release pressure, especially when life was highly stressful.

Juggling routines

While the above accounts portrayed an element of choice in the changing or mixing up of routines, sometimes routines had to be changed, negotiated, or re-arranged to make family life work. There was a sense of accepting the need for flexibility within the daily routines to accommodate changes, desired or not, in the ebb and flow of daily life. Alexandra for instance had to manage the care needs of different family members during a busy morning routine.

> *The few delays with [daughter] being sick was making my morning a bit busier than I had anticipated. My dad was going out so I had to wait for*

> *him to get back before I could go to work because [daughter] was not going to school, so it was a bit of a Mickey Mouse kind of morning.*

The unexpected event of her daughter's illness and her father having to be out that particular morning meant that she was a lot busier than usual to meet everyone's needs and accomplish her own routines. It was evident from the analysis that the participant families had varying levels of adaptation to juggling the routines, both individually and as a family unit. Sometimes it was more difficult to adapt to changes, particularly for a parent with more demands to manage. Helen described this in her account:

> *I've had to learn I suppose not to get anxious about those things, if the dishes aren't done who cares… and you concentrate on the things that have to be done, so you're able to start to separate what you need to get done and what would be nice if they were all done before you went out the door, but if not, well, you just have to come back and do them later. It's not going to be the end of the world.*

Helen struggled with leaving household tasks unfinished before going to work, and had to get used to the idea of the house not being tidy. She learned to recognise what was important to achieve and what could be left until later. Helen's account shows that adaptation to changes sometimes had to be learned, and that adapting could be difficult. When family life did not go to plan and there were interruptions to routines because a child was mentally ill, a shift in thinking and expectation had to be made. The overall sense was that over time the participating families became good at managing changes and adapting to them to maintain daily routines and a balance in family life, and did this in ways that showed their reliance on each other and sensitivity towards one another's needs, as outlined in the next theme.

The first theme in this chapter, normal routines as a means to and end, captured the everyday nature of routines and the ways in which participating families managed their day-to-day functioning in the face of mental illness. Sub themes underlying this theme showed that routines were firstly seen as purely functional to get through the day, from A to B, and were recognisable as a plot for daily living. Routines were also seen as the structure that supported the everyday rhythm of the participants' households, the accomplishment of making the individual and collective self care, productive, and leisure activities of family members function and fit around one another in a way that benefited individual and collective needs. Other sub themes to come out of the analysis were that families collectively and individually mixed up their routines to counteract the potential drudgery of repeated routines and to mix up routines for leisure and wellbeing.

Lastly, routines at times had to be juggled to fit around external influences, sometimes unexpected, to maintain the routines according to the plot.

Normal Routines as Working Together

This theme describes the ways in which the participating families managed their daily routines while also dealing with the mental illness of their adolescent child/sibling. These families in particular had a strong sense of needing to support one another in their efforts to maintain daily routines and commitment to the plot. The collaborative nature of maintaining routines came through strongly in these discussions.

Familial interdependence

There was a strong sense from the conversations that each family member supported the routine structure, even in a small way, to keep the family functioning from day to day in the normal flow of daily life. For instance, Carol spoke of getting the evening meal organised:

> *It's usually me cooking during the week, because by the time I get home… if I don't get something on we're not eating till eight* [o'clock], *then, you know, it's just too late, and everyone loses the plot 'cause they're over eating and they're tired and stuff, so I get onto that pretty quick. Sometimes I will call before I leave* [work], *I'll say 'peel some potatoes or peel some carrots' or whatever… and then some nights I've got home and Dave's cooked a whole meal, spontaneously.*

It fell on her shoulders to cook the meal otherwise they would not eat and her sons would not be able to function properly and complete their homework. She also delegated some of that responsibility to her sons, and they pitched in when they were asked. In the context of shared responsibilities, Alexandra specifically mentioned the collaborative nature of maintaining her family's routines: *"And then we always step in together with it, as soon as both of us are in the house we generally are working together, him* [husband] *and I"*. Her words convey a strong partnership with her husband in which responsibilities were shared and supported.

The adolescents too made contributions to the maintenance of the routines in the household, as Max described: *"If mum's sort of running behind and needs to get ready and stuff like that, I'll get [sister's] bag ready or something like that."* Max could see when his mother was very busy and decided to help her out by looking after his little sister. Even though routines differed considerably between the participating families, across the board each family member slotted into the unique make up of their family's

routines with their own roles and allocated tasks to contribute to the smooth running of the family household and the family as a unit.

The exception was Pam's account where she took full responsibility for the maintenance of household routines, although generally each family member had their personal routines that fitted around other family members. Her family members were somewhat insular in their own routines, and there was little interaction of collaboration in daily routines, as shown. *"[Son] likes to cook on his own, he likes his own space… dad eats by himself"* (Pam). Moreover, when her son was particularly affected by his mental illness, rather than rallying together to help keep a semblance of routines going, family members would withdraw further: *"Well dad would say 'Ah I'm just not bothering with you two'… you know have a break for an hour and a half or something… he'd mostly just go off"*. Her father taking off when her son needed to be managed increased Pam's isolation, and shows that Pam took care of everything. The fact that this account differed so significantly from the others lies in the nature of this family's relationships, where the dynamics were perhaps more individually focused than collectively.

Roles and expectations

The participants' conversations showed that each family member had his or her assigned roles and tasks to help family life tick along. Most families were able to apply a flexible approach to roles and task divisions while balancing full time work and household maintenance. Helen spoke of the interchangeable nature of her and her husband's roles: *"He* [husband] *just seemed to take over… because he sort of knew of the running of the house anyway… we just sort of fitted in with each other, we had that adaptability."* When either of them was unable to fulfil their usual roles, the other would pick up on that and step into that role, as they were both familiar with each other's roles. In contrast, in Pam's account the role division was highly distinctive and perhaps the most set: *"I suppose our roles are very like male/female, typical… well, I think [son] needs to help out a bit in the kitchen but dad's really tired so I can understand that he doesn't."* Pam accepted that the roles were traditional, justifying why her father would not take a share in household routines. Other than the traditional role division in her household, the nature of her son's mental illness prescribed that roles were held to quite strictly in order to maintain balance in her son's mental state. Overall however, it was clear that each family did what they needed to, to make family life tick along. Whether it was a strict adherence to roles, or adaptable, shared role

divisions, the most important thing for the participants was that daily routines were maintained as best as could be in the circumstances they were faced with.

Parents generally allocated tasks and took on the responsibility of the household organisation and had expectations of each family member to contribute. However there was also a sense that expectation went beyond participating in daily household tasks to maintain family routines. It was not so much that family members contributed, but more of accountability.

> *We do have conversations about you know… you're just as capable if you see that you need to… register that there's washing out there that needs to come in. Dave's gone to get his underpants out of the drawer and it's not there… so it's probably more trying to experience the consequences of not pitching in."* (Carol)

Carol wanted her sons to experience what would happen if they did not take some responsibility for household tasks, and learn that if they did not contribute that this would have a negative effect on the functioning of the household. Another finding was that there was an expectation from parents not so much that their adolescent children also took personal responsibility for maintaining their own routines, as exemplified below.

> *It's so good compared to where he was at, so I don't worry too much if he doesn't actually help anyone else, or do any dishes or anything like that.* (Pam)

> *There was always that sort of expectation for me to make an effort to help myself… just to keep doing my course, keep working… and not slip back into the old ways of just doing nothing.* (Max)

The parents wanted their children to prioritise accomplishing the routines that would support their recovery and did not mind so much if other, more mundane expectations such as household chores were not always met. What became evident from accounts such as these was that as long as the adolescent maintained his or her own routine to keep mentally well, then the household in general was able to function well.

Growing up – the complexity of caring for and letting go

As would be expected in the normal course of life, roles and expectations changed as the children in the participating families grew up. Family members had to keep in mind the mental health context while their families grew up. For the adolescents these natural changes did at times affect them.

Carol spoke of her sons taking more responsibility for household tasks over time:

> *It's different now that they're older because they are more independent, so you know when they were little, if I didn't get the washing done, they didn't have clothes… and they've figured out if it's filthy* [their clothes], *and I haven't done it, they actually put it in the washing machine and wash it.*

Carol recognised that her sons had learned to take on some of the household tasks, and she linked this to them growing up. At times however, the experiences of mental illness would interfere with those expectations and the adolescent was unable to fulfil changing expectations that come along with maturation, as was Pam's experience: *"He's been slow at maturing and at the moment he only manages himself. I'll say to him 'will you feed the cats'… and he'll often say 'yes, I'll do it', but he probably won't."* Pam's son could only look after his own basic needs and was unable to commit reliably to more general household tasks. She accepted that he was developmentally younger than his age and justified his inability to take on responsibilities, albeit with a sense of disappointment. Her account deviated from the others in this regard, and Pam's disappointment, expressed in the tone of her voice, shows that she would have liked to see her son mature more in line with normal developmental expectations. What happened here was that Pam's son's mental illness prevented both of them experiencing the natural changes in routines and responsibilities as adolescents grow up.

Further, participants sometimes struggled with finding a balance between expectations on the adolescent to take responsibility and letting them find ways to do this in their own time, allowing that their mental state might mean that they were not up to taking certain responsibilities. From the parents' perspective, there was a tension between caring and letting go. This was quite telling from Max's account in this context.

> *<u>Everything</u> stopped, pretty much. Someone was just doing my chores that I don't really know of, I don't know who did that, it was probably [stepdad], but my parents don't really tell me that I have to go to bed at a certain time or whatever cause they know that from experience that hasn't worked at all, so they just sort of leave it up to me to decide, and it's worked better for me at least. I guess as they saw me grow more confident, I think they sort of started backing off.* (Max)

Max described that while he was going through an acute phase of his illness, he was unable to take on responsibilities and he was not expected to fulfil them. But as his parents saw him recover, they gave him space to find his own way of re-engaging in household tasks. The general finding in the context of growing up was that family members had to readjust and find new ways of making family routines work on several

levels, increasing expectations while at the same time taking the mental state of the adolescent child into consideration.

The second theme, normal routines as working together, showed that routines were strongly collaborative in nature among families affected by mental illness. Sub themes revealed firstly that family members routinely relied on each other to support themselves and one another within the family unit, showing interdependence for the smooth running of the household in normal circumstances. Further, each family adhered to their own script, or plot, that encompassed the families' routines, habits, and ways of managing the household. Each family member had a role to play in the plot with the expectation that the roles were adhered to, in order for the family to function. At times, however, routines and roles could not be fulfilled when mental illness interfered with the ability to take on responsibility as a growing adolescent. From these families' accounts this was revealed as a reality that they were living with.

Interrupted Routines as Losing the Plot

This theme describes how participants gauged their individual and collective wellbeing by what they perceived as their normal routine, or 'plot'. When life ticked along according to the plot, family members had a sense that daily life was working in a recognisable state. When the adolescent family member's mental health was deteriorating, changes in the routines alerted family members to their child's or sibling's altered mental state, and likewise the adolescents themselves recognised change in their daily functioning. Change is defined in The Concise Oxford Dictionary (1999) as "to make or become different, transform or be transformed, variation or modification" (p. 235). In this context, change takes the literal meaning, that of routines becoming different, a variation in the plot that was not planned or designed, occurring in the day-to-day functioning of the adolescent family member. The ways that families recognised these changes and responded to these changes are discussed below.

'Normal' is the yardstick

To recognise when someone is not doing well, it is necessary to know what 'well' looks like. Participants used their sense of normal functional routine to determine when they or their child was not doing well. As a yardstick, the participants' routines followed patterns habitually shaped by their values and environments, which formed personal scripts, or plots, of normal family functioning. These were considered important to be aware of and uphold in order to maintain a sense of normality. For Dave it was

important to have a routine and stick to it as it showed him that he was functioning normally: *"I guess I don't do well without a routine… but if I have a routine, it's a structured day. Of course the day won't be perfect but I kinda like to think to myself that it is."* Routines helped Dave think that his day would go that much better if he had a structure to his day, and he recognised that he would feel better for it. Routines were also a measure of the idea of what normal ought to look like in the participants' eyes. Alexandra said in the context of maintaining routines: *"It was some feeling of security… or yeah, of normality. This is what normal people do, normal people do that, but there was a lot in our life that didn't feel normal at all so anything that felt normal was really, really good."* She was desperately trying to have as much normal routine in her day as she could, which would prove to her that there was still something ordinary in her life that kept her in touch with everyday life as other people might experience. It was this sense of normal routine that allowed the family members to gauge when functioning was compromised, as outlined below.

Going off the plot

There was a strong sense among the participants that the presence of mental illness directly interfered with the basic routines in the domains of self-care, leisure and productivity. Mainly the reduction or loss of these routine activities was a signal that something was not right. Helen described how she knew when Lily was getting unwell: *"There's been days where I just haven't been able to get her out the door… because sometimes when I know that that's happening I know that she's particularly vulnerable at that time and particularly having problems."* Helen recognised a change in Lily's routine pattern, which alerted her to Lily's fragile mental state. Likewise, Carol knew when Dave had been ill physically and was starting to slip in terms of his schoolwork indicating he was deteriorating mentally as a result. *"He's off the plot, he's not… going to get the work done… and I've noticed it's come back in. In the last fortnight where he's really got very stressed we've got a repeat of some of those behaviours."* Carol's use of the word 'plot' was interesting in that it encapsulated her personal script of her family's daily routines. Her family's routine script, her plot, had a particular pattern to it and Dave's altered routine did not fit that plot, a clue that all was not well.

Inactivity and lack of participation came through as recognition points for family members that their adolescents were deteriorating, or the adolescents themselves felt by their moods that they were unable to uphold or engage in routines. Some examples of this are:

> *We generally know he's in a good frame of mind when he comes out* [of his room]… *or is he's not feeling well, he'll call me into his room, so him coming out is a pretty strong indicator that he's in a good place.* (Alexandra)
>
> *I tried to wake him up… that was really hard work 'cause I was trying to motivate him… and I was trying to be enthusiastic.* (Pam)
>
> *I felt myself sort of slipping back into my old ways, sort of not upholding the routine that I have now. If I had just felt that small level of anxiety it would have sort of eaten at me and I would have made up excuses or justified not going* [out socialising]. (Max)
>
> *If I'm in a real good mood, then I'll pretty much do whatever, but if I'm in a lower mood, then there's specific people that I want to see and be with.* (Lily)

Here the adolescents did not get up in the morning or changed eating habits, could not or would not engage in their usual activities, and could not attend to their obligations such as school or assigned household tasks. Thus, it seems that the presence or absence of motivation to uphold routines, often combined with a change in mood, was a sign of deteriorating mental state. Family members and the adolescents themselves picked up on these indicators quickly, as shown below.

Attunement to change

In all, there was a strong attunement of family members to subtle or not so subtle changes in routine functioning, which caused them to react. Alexandra beautifully captured this sense of attunement of the participants to personal and other's functioning to recognise a change in mental health state: *"Max I could tell wasn't going to get up easily, my daughter was sick, so I was getting a bit frustrated like 'Ahh it's going to be one of those days'"*. The elements of a bad day for Alexandra were that her children were not able to fulfil expected routines that normally happened during the morning, and the recognition triggered her thinking that her day would follow a more disrupted pattern, which impacted on her mood. Pam described her anxiety on days when it was difficult to rouse her son: *"I'd try to wake him up… no response… then I'd sort of get quite anxious, about 9.15 I'd sort of really shake him."* In her desperation she was willing him to get up, and her shaking him showed her fear. This sense of attunement, especially from the mothers, was an element of recognition that permeated all the conversations and showed an increased vulnerability, from both the parent's and adolescent's perspective.

Family life in extremis

The increased sensitivity and vulnerability to changes permeated into other areas of family routines as well. Carol's account shows this effect well.

> *It just got way out of control and my whole body became focused on trying… to get myself ready to do this face off scene in the morning.* [It] *just directed the whole morning, so it was all about what was happening with Dave, and what I was doing sort of fitted into it, in increasing* [sic] *shorter timeframes, and with increasing stress.*

Carol was greatly affected by the impending battle with Dave. Not only did she have to deal with conflict each morning but her own routines were compressed, and she had to try and fit both her and her son's needs into the short time that she had during the morning. As a result she lost precious morning time, and had to get up earlier. This impacted on the amount of sleep she got, and the ability to fulfil her work commitments. Alexandra's account shows too how all aspects of family were affected by the heightened sensitivity to the changes in mental state of the adolescent child. *"It affected everything, everyday… even though we'd carry on with our routine… my time out of the house was always a bit of a concern to me… you know, you wouldn't wanna leave the house for too long."* Alexandra was afraid to leave the house because she was unsure how her absence would affect Max and what she would find when she returned home. It is clear that in times of deteriorating mental health, family life revolved around the needs of the ill adolescent and this impacted greatly on the lives of family members.

The result of this was that relationships were affected and negotiation was often used to deal with problems arising from siblings' frustrations.

> *So it's discussing those things with the kids and letting them know what they need to know, and that we're not sort of* [applying] *preferential treatment, so letting them know a certain amount of information and trying to be flexible where we can.* (Helen)

> *For quite some time* [Dave's brother], *because he was older, kinda got it and was less stressed I suppose. He got it that it was a bad scene for mum to come home to and that they should be responsible, but he would often make up for what Dave didn't do and got quite pissed off and rebellious about that.* (Carol)

There was resentment in having to take responsibility for siblings and not getting the amount of attention that their ill sibling got. The fact that siblings questioned perceived special treatment or got angry that their ill sibling did not participate like they did, threw the family off balance and frayed tempers. From the accounts I got a sense that these

families were fragile in the way that their day-to-day life, their plot, and their wellbeing were affected by changes and fluctuations in the mental state of their child/sibling. It felt like their lives and routines were precariously balanced, which gave rise to the families finding ways to restore a sense of balance, of normal, in their daily lives, as discussed in the next theme.

The third theme to emerge, 'losing the plot when routines are interrupted', showed that changes in the families' familiar routines alerted family members to deteriorating mental status; loss of routine in particular was a major indicator of impending mental deterioration. Sub themes revealed that the plot was changed or lost and the adolescents and family members responded strongly to these changes as these affected them all in some way. Further, the parents especially had a strong attunement to the mental state of their adolescent and were able to 'read' their adolescent's state of mind by their ability to cope or not with what he or she was meant to be doing according to the plot. They had a heightened sensitivity to subtle changes in functioning and anything that deviated from the plot was picked up as a sign that all was not well. At these times, parents noticed an increased vulnerability in their child, and also noticed siblings' reactions to changes.

Sticking to the Plot when Routines are Interrupted

Throughout the participants' accounts there was an emphasis on the importance of maintaining familiar routines and ensuring that those routines were collectively held on to, for the wellbeing of individuals and the family as a whole. This theme emerged, it seemed, as a natural reaction to unwanted and unexpected changes to the plot. The plot is what kept these families functioning and gave a semblance of normality, and families did what they had to do to try and maintain or restore their plot. Each family dealt with change in their own way; however, a number of similar responses came out in the analysis. Further, ways of coping with and responding to change showed individual and family-wide patterns of resilience.

Holding on

The need to hold on to daily routines, to stick to the plot, was voiced with conviction by the participants. Key words were often emphasised with voice inflections or with additional gestures such as slapping the hands on a surface. This indicates that what they were saying was strongly felt and considered important to get across. While all the participants spoke of this, from the parents' perspective Alexandra's account

encapsulated these sentiments most profoundly. At this point she spoke slowly and deliberately, sometimes repeating key words, and frequently tapped her hands on the table to underscore her words.

> *If you've got someone that is not well, if you can maintain a relative routine, I think it's good. It's extremely difficult and you have to make adjustments… but if there's anything in the day that you can hold on to that is a little bit of a routine, I think it's really, really good. It's good for you and I think in some funny way it's also good for that person who's not well, knowing that you're solid. I think if your whole routine just goes out the window, and they're not well and their whole routine is out the window, it's not a good thing, cause… there's nothing to hold on to, there's nothing to sort of 'Well, this is what we do at this time of the day'.* (Alexandra)

Routines gave Alexandra strength to keep going from day to day and helped her feel grounded. If she could hold on to routine functioning and model stability, then Max would feel supported in his efforts to regain routines. For these mothers, routines were a foundation by which their families managed the unpredictable nature of their daily lives. In a turbulent stage in their families' lives; routines were a connection to normal functioning.

From the adolescent participants' perspective, the need to hold on to specific routines was also felt strongly, and came out in their accounts:

> *The routines I have, I feel like I need to have a normal state of mind I guess, like if I have no routine and responsibilities I feel like I will slip back. The only thing to prevent that is just do what I've been doing I guess, just getting out, yeah basically just going to work, going to class.* (Max)

> *If I don't keep to the routine it kinda goes a little bit muddly.* (Dave)

> *Then I'll get dressed, then do my hair, wash my face, do my make up… it just seems to go quicker when I do it in that order, and make sure I get everything done… 'cause I don't like going to school thinking I've forgotten something, 'cause it gets me in a bad mood.* (Lily)

Having responsibilities helped Max stay in touch with what he perceived as a normal state of being, which is going through routines and being productive. Dave found a lack of routine unsettling, his life seemed uncertain to him when he did not have a structured routine in place. Lily applied routines in a specific sequence, which helped her remember the important things. Doing this set her up for a good mood day. As shown in

the above examples, the idea of holding on to routines permeated the accounts in the context of maintaining a semblance of normal life.

Picking up the slack

In the context of mental health issues, in this study it was evident that the interdependence between family members to maintain routines was all the more significant. There was a strong sense of needing each other to "*pick up the slack*" (Alexandra), when a situation associated with mental health problems arose that affected one or more family members' routines. It is important to distinguish the difference between the kind of interdependence described as roles and expectations and the interdependence that families felt in this context. Earlier, the interdependence was part of normal family routines where family members helped each other out in the everyday running of a household. In the context of this theme, the interdependence was about family members striving to provide support and fill the gaps that were left by the affected adolescent, to decrease the likelihood of the collective family routines suffering even more in a time of unpredictability.

In this context, parents would support each other and other children were rallied to fill the gaps. Helen described how she and her husband managed to pick up the slack in a collaborative manner: *"[Husband] might be dealing with the other children, but then I've had that time to spend with Lily, so we off-side each other with those sorts of things."* Lily was aware that her siblings were supportive and picked up the slack for her when she was not able to fulfil her routines, as shown in her comment. *"Everyone in the family, if I'm in a real low mood, they just ask me what I need to be done to try and make me feel better."* Clearly, her siblings too had awareness that their sister needed support to improve her mood. Not only would these families work very much together to help when the adolescent was experiencing mental health problems, but would also compensate for them to keep the household and other family members functioning. *"Well, you just got to get it done… all I could think about was getting stuff done and clocked off. It was easier to just go bang bang bang and get it done, than trying to have this blasted altercation about it."* Carol was resigned that some tasks just had to be done, and someone had to do it. Usually it was she that picked up the extra tasks, and she felt the stress of having to. The fact that Helen was able to share the load with her husband and a number of other children could well have made it easier for her to deal with picking up the extra slack. Carol, however, as a single mother, did not have other support people to share that with. She felt the need to just keep things going, and

expressed a sense of frustration in having to fill the gap. Overall there was a sense that these families were quick to step in when their adolescent child was not functioning well. While frustrating, the need to keep family routines going clearly overrode these frustrations, which had consequences for the wellbeing of other family members, as discussed below.

Balancing act

While the participants all recognised the importance of maintaining routines for wellbeing, they also had difficulty with finding a balance between conflicting individual needs and routines. For the affected adolescents, the balance lay in gauging their own mental state versus their obligations such as school or chores. Dave was able to strike this balance with a well-considered routine for study. *"Just by trying to work on the work that I had missed and it seems a lot bigger than it actually was, but just getting rid of the stress… it was just sit down with a funny book every morning and just relax."* Dave interspersed the schoolwork routine with periods of relaxation, which helped him maintain his tasks and reduce stress. Max was able to focus on his own recovery without needing to have concern for other routines so much. *"When I was sick there was always this expectation for me to make an effort to help myself… just sort of doing my own thing."* His family wanted him to make the effort to get himself better, and they would help him out in other ways so that he could achieve this. What is shown in these accounts is that the adolescents' responsibility was to focus on restoring their wellbeing, whether that meant maintaining family routines or not. The sense here was that they were not necessarily expected to take others' needs into consideration, which perhaps put the onus more on the parents.

It would then follow that the parents felt the balancing act more acutely. Gauging their own needs and obligations versus the family's needs complicated their sense of balancing routines, and the two often did not match. Alexandra felt this strongly when having to juggle the demands of her job while dealing with Max's illness. *"You know, going to gigs, trying to earn a living and looking after a child that had those needs. I'd be just wrenched, worrying about leaving Max for that period of time."* Alexandra felt the dilemma of balancing work demands with Max' needs and the concern she felt for him, and this affected her. Carol's account showed the poignancy of the dilemma brought on by attempts to balance these conflicting needs, and while saying this she became tearful, thinking back to this time of extreme stress.

> *I was constantly making a judgement about how real and serious it was versus what was behavioural. Having to make conscious decisions about whether I was going to attend to that… or I'd have to decide not to pick up the phone. I just learned to, for a long time, to operate on two levels, this thing where I looked like a well functioning general manager, at the same time as my head was constantly in this space about this kid. You know it was pretty serious stuff there for a while, it was really bad, and very scary.* (Carol)

For Carol it was distressing to see Dave not cope and still have to continue with her own obligations, needing to switch between the competing demands of being a highly functioning manager and a concerned mother. The emotion that came through in the above accounts was perhaps a manifestation of the effort that went into balancing routines and maintaining obligations. Helen's account sums up this effort well. *"You get done what you can get done, you try to achieve some balance there, you know physically what jobs need to get done practically. It's just meeting every sort of need since we're just not always altogether there."* Helen's account is particularly poignant in that it gave a sense of presence of underlying helplessness in trying to meet everyone's needs and perhaps not always being successful at achieving that. The accounts showed that the families collectively seemed to accept that one can only try and find a balance in meeting as many needs as can be met, to maintain wellbeing for all members of the family.

Looking after self and family

While balancing the needs of the adolescent and the rest of the family, coping strategies emerged that the families applied to restore or maintain a semblance of normality. There was a sense that looking after the self in practical terms was needed to support personal wellbeing. Words that expressed this need were 'I had to', 'I decided to', 'I needed to', and show a determination to achieve a mix of self-care, productive and leisure routines to support wellbeing. Some examples of this are:

> *I know if I didn't exercise… I just couldn't cope, I had to do it to try and keep myself well.* (Carol)

> *I try and not miss out on exercise when I'm sick. I try to do at least some weights or something. Try and push myself a little bit more than I used to.* (Dave)

> *I needed to relax and do something nice for myself… and I decided to give myself a lovely galvanic spa which I was so glad I did 'cause I felt really good after that.* (Alexandra)

> *We kept up the walking throughout* [a period of mental deterioration], *I mean no matter what's happening it's still good to go for a walk.* (Pam)

> *Sometimes I find it's purely if I'm feeling a bit more on top, then you cope better with other things… so you just need to go and have a coffee with a friend… and come back feeling a little bit more refreshed, and then you'll be able to cope with the little things.* (Helen)

Strategies applied were generally around getting physical exercise and/or engaging in a relaxing leisure activity. What these strategies have in common is that they were done in a different environment from the stressful one, taking them away for a brief period from the reality and stress of a disrupted family life. Doing something different from the normal routine helped recharge the batteries.

From the parents' perspective, however, with the recognition of the need to look after the self came the additional stressor, that it was a difficult juggling act to try to meet their own needs while meeting those of their ill child. Carol was determined to respond to Dave's needs, look after her own wellbeing, and maintain the household routines. The tension in meeting Dave's needs as well as her own was borne out by her use of the word 'forced'.

> *And I've had to sort of put my own little management strategy in there… I've just tried to stick to the plot really, whereas before I probably would have adjusted what I was doing. I've just laid off, and I've really forced myself to do that, to stick with reading my book and getting tea ready and not altered my routine in relation to over-responding to Dave.* (Carol)

Other accounts, too, showed that the need to look after the self was real and important. Pam, for instance, felt the tension between the need to visit a friend to get some personal time while being aware that her son would need her also. *"I wasn't really sure if I was gonna make it or not, but in the end I <u>did</u> go, so I had a bit of an escape there."* There was a sense of guilt in the way Pam used the word 'escape', as though it was clandestine, and it bore out the dilemma of wanting to do something for the self in the face of the responsibility she felt for being there for her son. The analysis of this aspect of family routines revealed that striking a balance between competing needs was necessary for all family members' wellbeing, but an additional complication was the responsibility that parents felt to be there for their child. The sense of responsibility overrode their own needs, and while they recognised the need to do something for themselves, they felt torn about that.

Learning to adapt

The ways of coping and the inherent or learned flexibility that were applied in maintaining routines and balancing the needs of selves and others showed certain adaptability among the participants. Participants showed varied levels of ability to rebound from challenges and changes brought on by the nature of their own or their child's mental illness, which showed a measure of resilience. Some examples of this are:

> *I try not to let the sickness get to me so much… I can get over it… and just because I'd got over depression and stress* [before] *I found it a lot easier to kick it away really.* (Dave)

> *And I was sort of quite a tidy person and that's why the things around the house at the moment bug me, but yeah, we've had to learn to be adaptable, that's the word yeah.* (Helen)

> *So I manage myself by clicking through those things and then that dinner will be sitting on the plate, but then also I've learned to just go 'that doesn't matter, we're going away for the weekend'.* (Carol)

> *I would definitely say hold on to as much of your routine as you can, but be willing and open and prepared and accept the fact that a lot of it will have to change, so whatever has to change to accommodate someone being ill, has to change, and accept it.* (Alexandra)

The above accounts have in common that each of the participants was able to change or make changes, learning to adapt ways of thinking and relax former values and practices. What was important before did not matter anymore; meanings had changed and the goal posts had shifted. Alexandra's words specifically show that adaptability was a necessary strategy and was helpful to stick to the plot. All participants voiced that while routines were necessary for the family's wellbeing, at the same time they had to learn to manage change, both as families and individuals. Carol's account was an indicative example of that. *"And then the other piece of that is: break the routine in a considered way, and get used to doing that, so that they can cope with change."* What Carol showed is that it was not necessarily easy to make these changes but they were worth changing, as it would help coping with change in future. In Helen's case, an established routine was altered in a considered way to accommodate the changes caused by Lily's mental illness.

> *You know, we had a rule, no TV's in the bedroom, that was for, you know we wanted to build family relationships rather than everybody going off into their corner. But then we had to adapt, we had to change. Right just at the moment, we have to adapt to this and now it's time when mum has*

> *some time with the kids, so we've had to learn not to be so hard and fast about them* [rules]. (Helen)

Helen allowed a firm household rule to be broken, if only to foster family togetherness. Her personal boundaries had to shift, even if temporarily. What came strongly out of this sub theme was that the necessity to maintain family life sometimes overrode the adherence to established routines, and there was a strong sense of just having to accept that a temporary change was needed and applying adaptability to keep a semblance of meaningful normal life.

The fourth and last theme to come out of the analysis of the nature of family routines, sticking to the plot, was that family members tried to hold on to routines to maintain a sense of normality and to encourage their child to keep going, to stay with the plot. There was a sense that the daily rhythm of routines was necessary to aim for and hold on to, to help the affected adolescent cope. Further, in attempts to support the adolescent and maintain the balance of family life, parents and siblings often helped the affected adolescent regain their plot by compensating or filling in. This affected family members' functioning at times, which created a tension between needing to look out for their child/sibling and needing to maintain their own obligations, routines, wellbeing, and relationships.

Summary

In terms of the nature of family routines in the context of mental illness, what this chapter highlighted was that within the ordinariness of daily life, families strove and were able to maintain their sense of normal. Usually interruptions caused by changes in the mental state of the adolescent child were managed well and adjusted to seamlessly from day-to-day. However, at times these changes affected individual family members considerably, and they reacted with a heightened sensitivity towards subtle changes in daily routines. In particular, the parent interviewees showed a finely attuned sensitivity to their child's mental state. Efforts to support the adolescent's recovery meant that families had to address the ways that they managed their own and their family routines, in order to maintain a sense of wellbeing. All family members considered that they needed to look after 'the self' in order to maintain their own wellbeing, while also striving to support and nurture each other to maintain family wellbeing. They also had a sense of responsibility for the maintenance of their own routines, as well as a sense of responsibility for collective routines. Particularly in the context of maturing children in the household, this responsibility fell increasingly on the adolescent to fulfil, while the

parents also tried to support their adolescents to become more independent in their efforts. In maintaining the responsibilities, there was a strong sense of collaboration and sensitivity towards other family members, working around each other to keep family life going, which at times caused family members to compensate for the gaps left by the ill adolescent. In the end, the families strove to balance these tensions as best as they could, and showed that they had gained an ability to respond and adapt to interruptions.

Chapter Five: The Plot Matters

Introduction

This chapter presents the analysis of the meaning of family routines in the lives of the participating families. What came out of the discussions was that routines were not just the medium for the practical functioning in daily life and helped families overcome disruptions to daily life by mental illness. There was also a deeper meaning in the ways that these families managed and maintained their routines. 'Meaning' in this context is to be interpreted as "the inner, symbolic, or true interpretation, value or message" (The Concise Oxford Dictionary, 1999, p. 883), which suggests that there was a deeper symbolism in the interpretation of daily routines for the participants. The overarching finding presented here is that daily routines, these families' plots, really mattered to them. Routines were a way for these families to show themselves and the community that they were still, relatively speaking, a functioning family in control of life. In the discussions, 'control' was a word used by several of the participants and often in the context of what routines meant to them. During these parts of the interviews, participants spoke slowly and with deliberation. Words and phrases were often emphasised, at times with some emotion, signifying the importance of their conveyance.

In this chapter a further cluster of four themes is presented that shows what routines meant to the participants (see Table 2, p. 74). The first theme (Routines give control) describes the importance that participants ascribed to routines in terms of giving them a sense of control over their lives. The second theme (Routines are protective) describes the meanings ascribed to routines as protective agents that supported wellbeing and facilitated emotional skill building and connecting as a family. The third theme (Routines with special meaning) describes the emerging special meanings of routines as parameters changed. The last theme presented (Identity and routines) conveys the meanings that participants derived from cultural aspects of routines and how cultural identity influenced routines. As in the previous chapter, the additional dimensions brought by internal and external influences are considered, alongside the discussion of the sub themes.

Table 2: Overview of themes

Theme 1: Routines give control	Being in control Feeling in control Regaining control motivates and empowers
Theme 2: Routines are protective	Daily rhythm is comforting and safe Regaining motivation and learning to cope Relationships and relationship building
Theme 3: Routines with special meaning	Family time is together time Dinnertime counts Weekend wind down Finding meaning in new routines
Theme 4: Identity and routines	Being a wahine Routines as expressions of family identity

Routines Give Control

Control is a word that can evoke strong emotions. Indeed, the participants used this word advisedly when communicating the significance of what they were saying. Control in this context means the ability to "influence… behaviour or the course of events" (The Concise Oxford Dictionary, 1999, p. 310), in this case routines, to establish a sense of order in a time when life was anything but ordered. This theme came out towards the end of interviews when participants were given the opportunity to reflect on the significance of routines from their perspectives. Perhaps not unexpectedly, these reflections emerged as the most revealing parts of the interviews, as the latter statements pertained to meaning of routines to the inner selves of participants, and were conveyed at times with some vulnerability.

Being in control

The structure provided by routines was a significant aspect of the importance the participants ascribed to the control they had in their daily lives. There was a sense that being able to direct the day or even parts of the day would give that little bit of thinking that something had gone according to the plot. Alexandra talked about being able to control parts of her day when she could anticipate with some surety what would happen, and from all the examples, her example most eloquently captured this finding.

> *With so much unpredictability with Max, it was something I could predict, I knew it was like… I am going to take [daughter] to school in the morning and I know we're going to do Pilates or something, so given it was only certain times of my day I could control… but there was a big part of the day that I couldn't control, I couldn't guarantee I'd be able to*

> *go out… because I didn't know how Max was going to feel when I woke him up, so yeah, it was that sense of those bits of routine that I could put in there, where I know I can do those things.* (Alexandra)

Alexandra decided to drop a child off at school and go to an exercise class, which gave her control over aspects of her day. It also seems as though these points in the day were points of relief, a moment to just be and perhaps pretend that life is just normal and that one is still part of the wider world. Having points of contact with the wider world allowed Alexandra to step away, however momentarily, from dealing with Max's illness, and she was in control of that part at least. What is revealed in Alexandra's account is that the idea of having some points of certainty in any given day gave her a sense that she was grounded and continued to have a connection with regular activities.

Carol spoke of Dave having an awareness that he had to make choices and decisions to be in charge of his own day, in order to stay functionally, and thereby mentally, well. *"Then getting well, him taking accountability for his routine, and planning it and doing it, it's fundamental to him being well and staying well, and he knows it."* Carol was referring to the fact that Dave had started to apply a particular set of routines to help him stay motivated to complete his workload. Dave confirmed his awareness of having to maintain those routines and remaining in control of them when he told me how he ordered his subjects to work on. *"It was good, easier way to kick it than kinda let it grow"*; the 'it' referring to the lack of accomplishment Dave felt when he was going through a bad period mentally and was not able to establish a daily structure for working on his school subjects. What is shown in Dave's words is that the planning and implementing of a particular daily structure thus helped him take charge of the effects of his illness and have some control over them.

In terms of a collective being in control, Helen's account gave an insight into managing daily routines in a very busy household with a number of children, and at the same time dealing with the effects of Lily's mental illness. Helen thought that being in control of household routines helped the family cope better with unexpected interruptions, for whatever reason, to daily life.

> *It's just getting all those parts together… like the basic jobs are done, there is just a little bit more order, and with that I find that things don't get out of hand… but if all those basic things aren't done, and people can't find their stuff that they need to find… it just adds to the stress… so you just try and make sure that the family's together as well.* (Helen)

For Helen, the certainty that school uniforms were washed and ready, and payments were made and prepared, gave her a sense that she would not have to worry about those little things, while she was also trying to deal with a child who was not coping. The above examples are all indicative of the general sentiments that the sense of having some control was important for participants when trying to deal with the effects of their own or their child's mental illness. They all felt the need to take some control over aspects of their daily routines in order to keep themselves and their families collectively able to function.

Feeling in control

The added dimension to what it meant to be in control was also considered important in terms of feeling in control; participants had to feel that they were the protagonists in their own plots. This is perhaps one of the most significant findings and the participants felt strongly about this: that the families and its members needed to feel that they lead their lives on *their* terms and were not entirely in the clutches of a mental illness. Especially for the adolescent participants, this was an important feeling as it reflected the wider implications of being accountable and taking responsibility for one's own life as an individuating teenager. Max and Lily's accounts show this awareness of the significance of feeling that they held the control over what happened in their lives. While both stressed the importance of feeling in control, Lily also did things to show that she was in control.

> *I feel like I'm in control more… just in control of what I do and my life I guess… I feel like nothing changed in my illness at all until I sort of stepped up and decided that I was going to change, and until that changed, I didn't get better.* (Max)

> *Say I'm down when big things happen, the little things in the routine mean more to me than the big things in the routine. Little things matter, pretty much, and so instead of the big things as the make-up and hair, I'll make my bed, 'cause then when I've been in a down mood in the morning and I'm still a little bit down and I see that my bed's been made and it just looks all nice, it makes me feel a little bit better.* (Lily)

Both conveyed with conviction that it was up to them to make decisions and changes. For Lily in particular, certain routines were important for her to uphold and decide to uphold, as the realisation of having made those decisions herself was a catalyst for her mood lifting. The decision to engage in small routines mattered to them as it represented a quantum of change for them; if they did not do that, they were unlikely to see changes in their mental state.

Regaining control motivates and empowers

When seen in this light, routines could be argued to be a highly empowering tool in the efforts to overcome the effects of mental illness. So often, problems arise with the loss of motivation and lack of accomplishment that people with mental illness have to battle each day, as was described by some of the adolescent participants. Max's example encapsulates the feeling of despondency and amotivation of the adolescent participants during times of mental deterioration. *"I felt like I wanted to stay home, felt like getting back into things would be hard… I wasn't seeing people and wasn't doing anything"* (Max). This highlighted the significance of the internal motivation that the adolescent participants felt to regain routine, and in turn regain wellbeing; the feeling of control was an important aspect of their awareness that establishment and maintenance of routines were powerful tools in recovering from their mental illness. Max described this awareness well when talking about what it meant to him to have initially regained his routines, his life, and then having a slight relapse.

> *It was quite scary, as soon as I realised, I was just like 'you know you have to start doing something' otherwise, you know, if you keep slipping back then it could be what it was before. I knew what I had to do, and I knew what I was going to do. I mean, I do talk to my mum… but mainly it's me that is ultimately going to decide what I'm gonna do sort of thing.* (Max)

The realisation that he had to take charge of his recovery was a powerful catalyst for change for Max. He was starting to realise that, as a young adult, he was going to have to take charge of his own life, and make changes to bring that about. Additionally, his words uncover the psychological importance of adolescents needing to feel in control, be in charge of one's own life, with or without a mental illness. The fact that Max expressed feeling scared when he recognised that he was slipping back to not having routines, shows how powerful the need to be in control is. Lily too felt the need to be in charge of her own destiny as it were.

> *It annoyed me, because if I felt real low and didn't want to get up or do anything., It annoyed me that people… still made the decisions as to 'you need to eat, you need to get up now'. It felt like they were forcing me. But now if I feel low in the morning, I'll push myself to get up instead, feels like I'm in control and I like the feeling of being in control. When people are controlling me I feel like I don't really have a proper purpose, but when I'm controlling myself it feels like I'm older, and that I'm able to do things for me.* (Lily)

Lily did not like being told what to do, even though she knew that she had to do something to elicit change in the status quo, and she felt that a sense of control was fundamental to that. In that Max and Lily were so conscious of having to drive those parts of their day themselves and not be told by others what would happen, it is shown that the sense of feeling in control and feeling empowered by that seems to benefit the mental wellbeing of the adolescents.

Sub themes coming out of the conversations around control showed several layers of meaning for participants. Firstly, participants felt that routines provided them with control on a functional level – being in control, as well as on an emotional level – feeling in control. Both these gave a sense of having command over what a day would hold, and what choices were made to shape a day. Having choices in deciding how to apply routines came out as an important consideration for the adolescent participants. They felt empowered by the motivation and sense of control that came with that to make changes in their lives. Seeing the significance ascribed to control by the participants, the theme of being in control through routine activity is therefore presented as a major finding.

Routines are Protective

What came out of the latter stages of the interviews was that the participants thought that having family routines prevented them and their families from descending into periods of extreme distress and therefore had particular protective meaning. Further, when there had been a period of upheaval, routines provided the means to return to a state of equilibrium, brought about by re-establishing recognisable routines. The participants revealed their sense of protection in different ways. The maintenance of routines gave a sense of comfort and safety. Further, routines provided support for encouraging wellbeing, either to regain motivation, to grow emotionally, or as opportunities to build relationships. The application of routines in this manner increased the adolescents' ability to recover.

Daily rhythm is comforting and safe

When participants spoke of their daily routines when they were in place and going well, there was a sense of feeling comforted by the presence of an established daily rhythm. The recognisable, and perhaps more importantly, desirable family routine, was something the participants seemed to hanker after. Lily used a lovely metaphor to explain how she feels that routines protect her and her family. *"If they're* [speaking in

general terms] *used to doing it* [maintaining routine], *they may feel out of place if they don't, and so they feel like they <u>have</u> to do it, and they need to do it, because it's kind of input into their life. It's like a bird making its nest."* Lily's words showed that she looked at routines in a way as not only good for her, but as an all-round protective feature of life in general. Routines feather the nest as it were and protect it and its inhabitants from the elements, in this case unwanted stressors, making the home and all household members feel comforted and safe on a daily basis.

There was also safety in the knowledge that routines would provide a safety net even if there had been a major upset for whatever reason. No matter what happened on a given day, some aspects of family life would continue and that gave the family members a sense of safety. Carol expressed this well when describing what happens after a falling out.

> *So if I think about Dave getting well, routine has been fundamental to that, so when they're out of control they have to have the predictability that there is some structure without absolute rigidity, because I think that's something you know, 'even though I've had a row with mum… I know that I can call her at lunch time and she will answer, I know that she will come home', 'cause that ramps the fear down.* (Carol)

Carol liked that routines re-established the rhythm that had been disrupted by a fight, and that Dave knew that this was constant. What her comment here conveys is that when all else fails, a family can still fall back on the things that will tick over every day. Especially her allusion to a reduction of fear in her son is significant. Her words show that there is a fear in the absence of routines. Life without routine is unpredictable and without maintenance of routines, the family feels unsettled and that is scary; it is not how people want to feel. The daily rhythm of routines therefore helps families feel safe.

Parents also felt the significance of routines as protective for family wellbeing. Helen spoke at length about her sense of the safety net that routines provide for her and her family. In the context of family wellbeing, Helen's account is a good example of the sentiments expressed by all adult participants.

> *I suppose that, whether it's all come crashing down, you <u>cling</u> to those* [routines], *and I think it's because that makes you think that that's the normality, and if I've got that <u>basic</u> thing done, that you can maybe cope with those other things… I think with the routines with the family and that, it's the same sort of thing. We're still doing this, and it's sort of like a comfort thing almost, you know you can sort of count on it.* (Helen)

Helen could cope better with disruptions to routines when she knew some fundamental routines in daily life were in place and she would not have to concentrate on those, leaving room for dealing with problems with Lily. The safety net that routines provide has come through strongly in all accounts and Helen's words, *"cling to those"*, portray well the desperation that these families felt at times, trying to maintain routines when life was unpredictable. The desperation in those words represents how important routines were to these families.

In Pam's case her family's routines were protective in that they were the structure that kept her son well. He needed routines to be specific for him to feel safe and to be able to cope. When talking about maintaining routines in a specific order Pam said *"Oh, it matters hugely… we've got quite decided routines now…we sort of know what's coming next and it all follows a routine."* Pam's family routines were perhaps more structurally significant than other families that were interviewed. With some fluctuations, her and her son's routines were the most settled with certain things happening each day in the same order so that her son would feel safe, although there was not necessarily a need to adhere to routines in strict timeframes.

In a broader context, some parents expressed that routines helped keep the family whole in times of stress, and therefore protected them. For instance, Carol had her own sense about the protective nature of routines. She felt that routines provided a pattern of boundaries by which a family can go through their daily life, and adherence to the boundaries set by routines keep a family safe and sane.

> *I think routine is fundamental to getting well and when adolescents have got, well anybody's got a mental health issues, but particularly in adolescence because it's so tumultuous anyway… if they're resisting the routine, it's a bit like when they're little, you know, if you don't put boundaries around them because they tantrum, it's going to get worse and worse and worse, because they just feel more and more unsafe.* (Carol)

Carol ascribed added meaning to routines during the teenage years, as she thought that those years are inherently unstable. For her, routines protected her sons from themselves and she compared routines to the setting of boundaries as life rules. Pam expressed in this context *"My feeling is to keep up the routines, maintain our routines, maintain our integrity."* She made routines synonymous with integrity, and taken in the sense that integrity means "the quality of being whole or united…unharmed or sound" (The

Concise Oxford Dictionary, 1999, p. 735), her words explain that she felt that her family was whole and in a safe place when adhering to routines.

Regaining motivation and learning to cope

Analysis of the participants' accounts revealed that routines also had additional protective meaning within the pragmatics of established routines. They were used for skill building as well. Routines were applied to achieve increased motivation, engaging in daily life, and learning to cope with an increase in activities. With those outcomes in mind, routines gained additional protective meaning when applied in this manner, as discussed in the following sections.

When the adolescents were struggling from day to day and not engaging in daily life, they often tried, or were encouraged, to engage in very small ways in a family activity or start doing some activities. Often participation in small increments was the start of a period of recovery, and it was recognised and used as such. Lily's account is a good example of this. *"If I push myself to get up… I'll be sitting up instead of lying down… but it'll take some time, just one thing at a time."* Dave's way to regain motivation and wellbeing was evident from his description of how he used routines to achieve the homework goals he set for himself, after he had been through a bad period. *"Without the routine when you get down… it didn't really change what I was thinking. Once I'd picked myself up, I'd still complete a little bit* [school work]. *I can set the bar for the week, and if I don't reach it, fine, I don't reach it"* (Dave). He used his work routines to motivate himself to achieve some of his goals, if not fully. Dave trusted that his own routines would support him to achieve results. His relief that the strategy was successful was evident from the way he made this comment, with nonchalant shrug of the shoulders.

Carol supported him in his efforts by encouraging a graded return to his homework routine after this period of illness.

> *He'd made this plan about… getting some things done, and I could tell he was on the plot. I knew that if we got the thing done… it wasn't as big as it had to be. Getting him to balance the difference between 'I'm wired, I'm wired, I can't do it, I can't do it, actually I gotta do something, I got to do that little bit'.* (Carol)

Carol saw from the timetable Dave had made that he was on track to catch up on lost work time. She used the word 'plot' as her measure of recognition that he was starting to cope. She could see that if Dave felt motivated to do a little homework, that he would

cope better with his work load, and therefore feel better altogether. Although not expressed as such, the two accounts of this situation conveyed the same feeling about the significance of routines applied in this manner.

Max' account showed that there was fragility about recently established routines and that they needed to be applied with some effort to prevent him from slipping back into a period of mental deterioration.

> *I just knew that I had to… start either going back to class or going back to work… and I just sort of put up with the sore arm… I just did it, that's the only thing that works for me… if I had just felt that small level of anxiety, it would have eaten at me and I would have made up excuses… and I would not have gone, whereas now I guess I can ignore that and push through.* (Max)

What this account highlights is that Max's current routines protected him from previous inability to function. He knew that he was capable of maintaining a routine, and that knowledge helped him to put effort into returning to them. His comment that he could push through also shows that he had gained enough motivation to ride out temporary setbacks and maintain the newly gained structure in his life.

Further meaning is uncovered in Max's description of why he was so determined to keep his routines up. *"The routines I feel I need, to sort of have a normal state of mind I guess. If I have no routines or responsibilities I feel like I will slip back, and yeah, it's doing something so often that it becomes normal."* Max knew that his perseverance with doing his daily routines gave him perspective of what he would otherwise be missing out on, and he knew that not being productive and not having a purpose would affect him negatively. Furthermore, it is interesting that he referred to the repetitive nature of routines as being helpful to getting used to a new way of functioning so that it becomes the norm. His words clearly show that a link was made between the presence of routines and overall protection of his mental wellbeing.

Relationships and relationship building

The accounts by Helen and Lily suggested that in the togetherness of routines there was an element of bonding as well. The shared nature of the cleaning routine in Helen's household gave a sense of connection between family members; they were in it together. Analysis of this family's experiences showed that relationship building and maintenance were an important and protective element in the running of daily routines.

> *I think that would be another reason for routines… it's building relationships too, so I think that helps you feel that no matter what else is happening… I think it gives you connection with each other, you know, so you feel like you're building those relationships… and you get older and things change in the family, so I suppose it always brings you back together.* (Helen)

Helen was talking about how the consistency of present routines provided surety in family members always being able to seek connection with one another, at specific points in the day. Even while the family grew and things changed, some elements of the daily household routines were constant, and could be counted on to maintain those family relationships. As Helen said, *"no matter what else is happening"*, the fact that the family's routines are there will protect its members, as they feel safe in the strength of their relationships. Moreover, Helen expressed additional meaning in doing daily routines together to maintain relationships:

> *Routines [are] not just a physical thing, but an emotional connection time as well. So even some of the little things like doing the dishes, if you're doing them <u>with</u> somebody you've got an opportunity to talk to them and it builds up other areas that you not actually expect at the time… it gives you something else to focus on as well.* (Helen)

Helen was aware that doing daily routines together, even something as innocuous as doing dishes, was a valuable way to forge bonds and spend quality time together, a point of meaningful contact. What is shown here is that routines meant more than just getting things done around the house and completing a day's task and obligations. Relationships were nurtured through the act of a simple routine, completed together. In Carol's account, routines also formed part of the relationship building process. *"If there's special programmes we will go and eat where the telly is… 'cause that's Dave's favourite programme, and he wants to watch it <u>with</u> you and he wants to have that family time."* What is shown here is that a point of connection at the end of the day with his mother was an important routine for Dave to uphold. Carol understood his need and was willing to eat in front of the television, to facilitate this bonding time. In that, the priority of maintaining connection with one another is evident.

Alexandra used her early morning routines to have some time to nurture her relationship with her husband, as recently her routines changed when her husband started a new job, and she was also still dealing with the challenges of supporting Max to get up. *"Early in the morning we don't have that much of the mornings together anymore… We try to have a cup of coffee together before he goes off to work, and we try to have a quick*

catch up." She tried as often as she could to have that point of contact with her husband to maintain their relationship. What came out of the analysis of this section was the importance of keeping opportunities to connect and maintain relationships. Perhaps for these families routines were an especially important medium to facilitate this; often relationships suffered as moods were affected and tempers were frayed with the stressors of dealing with a mental illness, so where possible, opportunities to re-connect and bond were all the more precious, and valued as such. Interestingly, this finding came out the parent's accounts, not so much the adolescents'. A reason for this could be perhaps that the parents were more acutely aware of the significance of nurturing relationships, both in normal circumstances and when stressors affected the family.

In summary, routines were found to have a highly protective meaning. The daily repetition of routines gave a sense of safety and comfort. Routines were seen as additionally protective in that they provided opportunities to build emotional skills, in times of stress and otherwise. When applied in this manner, routines were used deliberately with a purpose in mind. Sub themes underpinning this theme were that routines were applied to support general social or emotional development, to facilitate coping skill building, or to support regaining motivation and purpose after a period of mental illness. Further, routines were applied to build or maintain relationships, which facilitated an increased sense of security. The deliberate application of routines in this theme particularly showed that their purpose in this sense had strong meaning.

Routines with Special Meaning

As the participants spoke of the routines they had in place, at times their words conveyed a sense of special meaning in repeated recent or longstanding routines that they upheld as families. There were some specific ritualised routines that were part of each day. While these small rituals supported the day-to-day running of the household with familial idiosyncrasies, those are not the focus of this section. The special routines discussed here have added emotional meanings that ordinary routines took on *because* of the presence of mental illness in the family. Sub themes presented were derived from participants' descriptions as they talked about the important routines in their lives. Without exception, they considered family time as important, particularly regular meal times, evening routines, and weekend activities. There was evidence of adaptability in the ways that the families found new meaning in their changed routines, which will be discussed alongside the sub themes.

Family time is together time

The most common times that family time was described in this context were when the family was gathered for regular meal times, as expressed in Carol's words *"family time is meals at the table"*, and also weekend routines. These will be discussed below, however first a general sense of what the participants meant by 'family time' is presented. Family time became special time for these families as often the stressors of dealing with problems took away precious time to be together, or interfered with the normal running of the household. The opportunity to be together and what they did in that time became all the more important. Lily described this importance well. *"If the routine is a family thing… maybe people find that important because it's their own special time that they may have."* Lily connected her sense of 'being as a family' to having special time together. She was saying that family routines, the sense of doing something together, were valuable and therefore significant. The difference with using routines to build relationships, as discussed earlier, is that here the emotional rather than the pragmatic meaning is described. Often it was the ordinariness of the maintained shared routines that made them special, the ability to just be and enjoy the little things at a time when life was unpredictable. For instance, in Lily's family the evening routine took on special meaning because she was unable to stay up with the family watching television, and Helen also was dealing with ill health. Therefore Helen and the children would all lie in the parental bed together watching favourite television programmes. *"Throughout the week… me, my little brother and mum all pile into mum's bed and watch them together… and have milos and lollies"* (Lily). When Lily made this comment she was smiling and her eyes lit up; from the way she presented this comment, I interpreted that she clearly held that routine in high importance, and her words conveyed a sense of emotional meaning to that family time.

The importance of family time was also expressed in its absence. Dave felt the loss of his brother's presence in special family times acutely, as he took great meaning form having that time together as a family when his grandfather came around. *"I would be sitting at the table, granddad would be sitting at the table, mum would be serving up… and [brother] just didn't come up, so I think for me and mum… it was more anger"* (Dave). The fact that his brother did not bother to join the family made Dave very upset. The strength of the emotion conveyed here with the word 'anger' is evidence of the importance that he ascribed to having family time. With life at an unpredictable stage for Dave and his family, the family time spent with his grandfather perhaps gave him a sense of 'being family'. This example and the strength of Dave's feelings when he was

telling me this gave a good indication of the depth of feeling that the participants had for the significance of their family time together.

Dinner time counts

Dinnertime came up time and again in the accounts of the participants in various contexts, and dinnertime situations were given frequently as an illustration of family life. It was talked about when they were describing the ordinary routines from day to day, or when they were telling about times when stress was high and how that affects routines. It was also talked about in the context of connecting as a family and creating time and space to build relationships and encourage wellbeing. A lot of the time, dinnertime was given special meaning, and participants often became serious and contemplative while considering its significance for them.

An indicative example of these sentiments is Alexandra's account. For her busy family life with divergent schedules, the time to be together at some point took on special meaning, especially during difficult times.

> *Dinner time is the only time we all sit down. I love it when we all sit down for dinner and chat about the day and what not. If I haven't had that for a few days for any reason I would make it happen because it's important. Because we're not together a lot, dinner time is the only time that we can be together and talk about the day and see how everyone is.* (Alexandra)

By insisting that the family sit down for dinner several times a week, Alexandra clearly expressed that dinnertime mattered to her. Her loving this time shows that there is an emotional meaning in this time together. She valued its significance as a family routine and missed it when it did not happen. The emotional value and meaning of dinnertime for Alexandra implies a sense that it needs to be engaged in regularly as a family to feel whole and connected.

Carol too felt the significance of having that special time as often as possible, and said about dinnertime that it was *"the one time that I think is sacrosanct."* She was expressing that dinnertime was not to be ignored. With everything else uncertain during their day, at least here was a time when they could all follow a set routine leading around dinner, partake in a meal and be together. I interpreted her use of the word *sacrosanct* in a sense that she took dinnertime very seriously and felt an emotional significance within this everyday routine. Her depth of expression shows the meaning of that time in a family's day, as a routine to be upheld especially when life is stressful.

On the other hand, Pam described her dinnertime routine as a time where each family member could unwind in his or her own space and time. They did not as a family sit down to dinner together, and Pam cooked separately for family members. However, there was unity in their mealtime routine, and each family member had their own role and space during that time. *"Dad has it* [dinner] *in front of the television… and then we* [Pam and her son] *usually get in from our walk as he's having dessert, so I'll eat my dinner… and we're all talking. Yeah, that's usually a <u>really</u> good time"* (Pam). In the set routine of the differently cooked meals and eating times, there was a time to converge as a family and be together. They did not necessarily have the meal as focus but they did feel a sense of being family at that brief time of the day. They talked and sat together in a space, a moment of calmness in their day. Pam's contemplative *"yeah"* followed by a slight pause showed her contentment with that time.

While all participants spoke of dinnertime routine as a special time in the day or week for them, Helen's account summed up well the additional meaning that the dinnertime routine took on for these families.

> *Some of them are just routines, you know, and some of them are 'no, we need to have dinner together as a family'. That is a routine, and that is so we can <u>physically</u> be together, we can <u>emotionally</u> ask each other about our days, we can be building relationships, and they've got more of a, you know, there's all those other things around that. So it's just eating a meal, <u>but</u> we're trying to achieve those other things as well.* (Helen)

Helen emphasised the words 'physically' and 'emotionally', which signifies that dinnertime was not only a time for sharing space and time, there was a deeper significance in the simple act of eating the meal together. She and her family strove to address the emotional wellbeing of family members in this time, the family connected on a deeper level, and this showed the beneficial nature of meaningful routines. Helen's account here was quite touching. She voiced what is essentially at the heart of routines in this context. With added meaning, routines can support the wellbeing of a family when there are stressors in life.

Weekend wind down

Weekends too were times that the participants and their families held in special regard. Generally a relaxing of the facial features occurred when participants spoke of weekends, and the sense of weekends being an opportunity to wind down after a busy week was evident. Overall weekends were seen as times of rest and recreation, a time to

recharge the batteries, to regroup, and to reset the relationships that had been tested during the week. Some examples of this are:

> *It's just the weekend and it's pretty good to get away… better than staying at home, with the normal routine I kinda need a little bit of different things to do.* (Dave)

> *So Friday I love 'cause we just go home and… that's my chill time and we might do something really easy for tea.* (Carol)

> *Sunday is more of a family day, like we'll climb a hill or go for a bike ride.* (Pam)

> *If the routine is a family thing, say on the Sunday if I don't go to church on Friday, then it's a family thing that we all go to church.* (Lily)

All these examples contain words that convey a sense of pleasure and restoration, shared as a family. Weekend days were days dedicated to the family, as the examples expressed. Often physical activity, a change or variety in activities, or a special time of contemplation was used as medium to facilitate togetherness or to 'be'. The significance of that for these families is that their weekdays were often experienced as highly pressured. The adolescent could often not function and fulfil their productive weekday routines, causing tension and practical difficulties in the organisation of daily routines. These pressures were not present in weekends and time and energy could be spent instead on recovering lost together time and family wellbeing.

Additionally, there was a sense that at weekends usual routines were deliberately relaxed, such as the morning routines. For example, Carol's account gave a good idea of how that was experienced by participants.

> *I know I don't have to wake up on Saturday so I can just go to bed when I feel like it. I'm fundamentally different… because I'm not thinking about the next day, I don't <u>have</u> to be up. Saturday morning I'm fine and I get that quiet time… and nobody has to be in a routine, nobody has to be up.* (Carol)

Carol visibly relaxed when saying this and her words expressed her enjoyment of this moment in the weekend, the Saturday morning when work seems far away. She did not have to think ahead to the following week, and could just 'be', enjoying the sensations of lying in and not having pressure put on her. She clearly conveyed that this Saturday morning routine changed her state of being from tense to tranquil. With less pressure to adhere to set routines the families could afford to let go a little and had some breathing

space to unwind. It seemed there was time and space to extend ordinary routines, to do activities together and to reconnect.

Finding meaning in new routines

With changes in previously established routines due to the complications in daily life, it would follow that the meanings of previous routines also changed. For instance, Helen described the transformation of an ordinary routine into a special one when the family was dealing with illness, not just Lily's but also Helen's. They were often unable to sit down as a family for dinner, so they created new meaning in an adjusted evening routine.

> *But with us being unwell, since the end of last year we watch TV in the bedroom, and it's time that we just talk through the ads and that. So that's sort of been transformed, that's the relaxing time and almost a routine thing, and so that's replaced some other things.* (Helen)

Since not all family members were able to stay up as a family, they found a different way of being together to replace lost family time. In her account of their evening routines, it came through strongly that Helen and her family have been able to recreate a lost family routine and find a new way of getting precious family time.

All the accounts revealed a measure of adaptability in the new meanings found in routines that were altered or forged anew. Helen's account in this context is indicative of the sentiments expressed by the parent interviewees in this context.

> *I've had to learn I suppose to not get anxious about those things. If the dishes aren't done, who cares, you know, are they safe, have they eaten? So you concentrate on the things that have to be done, so you're able to separate the needs from the wants. I suppose I switched from the practical more to seeing the emotional and mental side of things, and they've become more important I suppose, and so it's made me able to let go of some of the other things with the family.* (Helen)

Helen was aware that she had to adapt to new ways of viewing routines, and this allowed her to gain a new perspective on what is important in life. What had seemed essential earlier in life, maintaining an outward appearance of being neat and tidy and ticking through routines, now had become insignificant in comparison to making sure that everyone was all right to get through their day. She now made sure that the family was safe and well, even if that meant the house was untidy. She consciously allowed herself to relax former values so as to concentrate on what had become more valuable,

the wellbeing of her family. Her example of recognition of changed meaning exemplified the participants' ability to adapt.

This third theme, routines with special meaning, revealed that family time, dinnertime and weekend routines helped shape meaning in the families' lives. They could reconnect as a family and regroup as individuals. Dinnertime was considered an essential routine to uphold, as it was an ideal time for family members to be with one another, fulfil emotional needs and maintain family bonds. Weekends were a time to relax and unwind and restore wellbeing, and life took on a slower pace. Often new meanings were forged from past routines out of necessity, in order to accommodate temporary or permanent changes as a result of the disruptions caused by mental illness. In this added dimension of ordinary routines, their enhanced meaning underscored the families' ability to adapt to and accept changes their emotional needs changed.

Identity and Routines

Another aspect that came to the fore when analysing the special meaning of routines was the expression of personal and family identity through routines. These were manifested in personal ways of doing and being, or in ingrained familial routines that were participated in regularly. Firstly though, conversations with Alexandra and Max revealed interesting aspects of the meaning of routines from a Māori cultural perspective.

Being a wahine

Alexandra initially did not think that she was particularly expressive of her Māori self in her daily life. Nonetheless, during our conversations it gradually became clear that she indeed had a strong cultural element and influence in her way of running her household and supporting her immediate and wider family. The importance of the role of wahine (women) in the Māori culture came through strongly in our conversation around this. In the Māori culture the wahine is the centre of the family and is the carer and nurturer of future generations. While the male role is to pass on the tikanga (customs and practices) to younger generations, the women nourish the tinana (physical) and the whanau (family) by caring. Alexandra found that she too had that in her, and this conversation was in that respect a revelation to her, she had not given that much thought. She had not considered her role as being grounded in her cultural heritage, and was surprised to discover this dimension of her experience and execution of routines as we talked about these.

When describing the family's busy and at times hectic morning routines, she talked about she keeps track of what everyone is doing and whether all family members are organised. *"I'm constantly having to check in, '[daughter], have you packed your lunch? Have you got your drink bottle?' You know I'm reminding her because she's distracted, and so it's constantly 'You up? You doing your thing?'"* (Alexandra). She encouraged her children to complete their routines, she was always aware of what her family needed and supported them to be ready for their day. Her nurturing nature as a mother and as a Māori woman was expressed in the above comment, and she confirmed that she holds the family's routines together. Alexandra could also relate her own experience of being needed to support the others' routines, to that of her mother. *"Being that centre point of the family, the strong pillar, she* [Alexandra' mother] *just held it all together I guess… and I feel like I'm that person in my generation."* She described her mother's influence on her in how she views her role as the woman being the cornerstone of a family. For Alexandra it was significant to fulfil that role, and she remembered her mother doing the same.

While Alexandra was aware of her mother's influence in this respect, she had not made a connection to that influence being an expression of cultural identity, as the following passage shows.

> *It comes back to the fact that I feel I'm the one that will you know, it's responsibility for me. Not sure if it's cultural or not, it might be a subtle cultural thing, you know I do like the extended family, and that's definitely a Māori cultural influence, and that's probably built in me more than anything. And I think a lot of my cultural side is just in me, because I didn't get the influence from externally. I can feel it inside, so I think that may be just some part of my DNA.* (Alexandra)

She felt a sense of her connecting strongly with family values and seeing to the needs of others, being the nurturer, was very important to her. She made that link to it being part of her innate cultural way of being, passed on by her mother. In consultation with a Māori cultural worker who supported me in analysing Alexandra's cultural experiences of routines, it was interpreted that Alexandra's cultural identity was instilled but not necessarily presented outwardly. She knew instinctively how to express being a wahine in her daily life but it was hidden, as though she had a way of knowing but it was unused through her upbringing. Her cultural identity was reduced as she was brought up without regular exposure to the culture of her people. She was brought up with Western values and practices however retained an innate sense of being a Māori woman, and this was manifested in her daily expression of supporting her family with their routines.

Max also expressed how he viewed his mother's identity in a cultural context. *"We don't have many sort of cultural beliefs or anything, but my mum, just the way she is, you know, she's like a very kind person, I know that that was how her mum was."* He related her kindness and caring to being Māori, and his words confirm Alexandra being a Māori wahine. His words, 'just the way she is', conveyed that he understood the connection between the Māori sense of being a wahine and being a nurturer. Max could feel a sense of the nurturing side of his mother as having a cultural element, and he recognised his mother as exemplifying that.

Routines as expressions of family identity

It was Alexandra's awakening to this dimension during our conversation that brought this finding to my attention. When I went back to the other interviews I found that other participants had also conveyed a similar expression of identity in routines. Helen's account showed this expression most eloquently. She talked about the passing down of traditions or maintaining of traditions and routines as part of her family's identity.

> *We have pudding for dessert as a family once a week on a Saturday night. I dunno, it's probably something that's been ingrained for generations I suppose when I think back. When I started going out with [husband] it was always family night on Saturday night, they always had roast dinner. And everybody knew Saturday night you could bring your boyfriend or your girlfriend, and everybody had tea together.* (Helen)

Helen's experience of Saturday night being family night when she was dating has permeated into her own family's life and she maintained that tradition of doing something other than usual on Saturday night still. In her own upbringing she told of the Friday night being a special night.

> *With my family, Friday night was fish and chip night. Mum did the shopping on Friday, didn't have time to make a meal, so she'd go to the supermarket on the way home, and then we'd buy fish and chips, and it was everybody together. So I suppose we've sort of had those things inbuilt in us.* (Helen)

In both these examples, Helen spoke of familial traditions, passed down through generations. These were expressions of her and her husband's internal sense of cultural identity in which they found meaning. Consequently she had melded these special routines into her own form of expressing her family's identity. There is a parallel here with Alexandra's account in that both women felt that routines brought down from previous generations had become a deeply embedded part of themselves. Once they

reflected on this, they acknowledged that the maintenance of special routines and a way of doing things was indeed an expression of personal, family, and cultural identity.

Another way of looking at identity through routines surfaced when Dave was talking about what routines mean to him. He described this as routines giving opportunities to make something of his life, not just existing, but, within the physical state of being, also having a life in the figurative sense, as in being *him*.

> *I kinda think the routine's like a life inside a life, it's kinda like the structure of my life. I think without my routine it's just more of myself, just existing and kinda living and getting through stuff. With the routines it's getting out, getting on with life and it's not just sitting around doing nothing with my life really, so without the routine I think I'd be in a completely different state.* (Dave)

By what Dave did in his daily life he showed the world who he is, setting himself up as a unique individual expressed in the meaningful occupations that propel him through his day.

Summary

Chapter Five showed that meaning in routines was found on several levels for participating families. When daily life was beset by interruptions, both unexpected and prepared for, routines took on additional meaning in the fact that they supported and protected the wellbeing of the families. Participants felt that routines gave them a sense of control over their daily life, a part of life where they could say that they were still functioning as a family and as individuals. Being in control of routines was also instrumental in regaining motivation to take charge of life for the participating adolescents. This came out as an important consideration and the adolescents saw having control over their own routines as crucial in their recovery. Further, routines protected families from unpredictability in having a sense of familiarity in the daily rhythm of routines. The 'known' was important to recognise and uphold, in order to feel safe and keep well. Routines also supported and protected family relationships, and were seen as a medium in which relationships were nurtured and re-established. This led to the finding that routines took on special meaning when the families spent time together. What would ordinarily be overlooked as mundane routines, took on significance as lives were changed due to difficulties with upholding previous ways of living. In particular, dinnertime and weekend time were used repetitively as examples where meaningful family time was facilitated. These times took on new meaning of showing outward togetherness, and an inward feeling of connectedness and wholeness

as a family. Finally, cultural identity was also shown in routines in that they were the outward manifestation of what was ingrained, inherited, and important to these families.

Chapter Six: Why the Plot Matters

Introduction

This qualitative descriptive study set out to explore the nature and meaning of family routines as experienced in families with an adolescent with a mental illness. While the focus in previous chapters was to draw out the data and find meaning in the details and nuances of the participants' accounts, the natural continuation of that process is to distil the wealth of information down to its core. In previous chapters, data were presented, analysed and interpreted, and exploration revealed two sets of thematic clusters. These were broadened by deeper analysis, which uncovered sets of sub themes that showed further layers of meaning. In this chapter the core meaning of the findings and interpretations is presented to create an understanding of this topic as a whole. New understandings gained from this process are then linked to existing theory and knowledge. Strengths and limitations are acknowledged, conclusions are drawn in relation to practice, and the value of this study is considered alongside implications for further research and learning.

The Essence of the Findings

More than just routines

Analysis of the nature and meaning of routines showed that routines were the medium through which daily lives were given shape, were managed, and were given meaning. The participating families functioned much as other families do on an everyday basis with their own systems in place that made sense to them. However, typical families could be argued to have the luxury of taking routines for granted, but these families were not able to do that. Because family life was frequently interrupted due to mental health problems, the regular and even the mundane became the desirable, and these families worked hard on achieving and maintaining that. Intact routines became an outward expression of coping, of being whole and functioning well or as much as possible. Doing this enabled these families to show that on many levels they were normal, like everyone else.

Making it work

The reality for the participating families was that interruptions to roles and expectations necessitated application of flexibility in their approach to daily living. These families worked together to fulfil their daily obligations and supported one another when a family member was not functioning well, especially for the adolescent. These families

were sensitised to loss of functioning or role, and there was a heightened sense of filling in for each other to maintain the 'normal'. This showed a strong collaborative element to how these families functioned. Thus a balance needed to be found in dealing with the loss of function while still maintaining household and individual routines. A tension was noted here, manifested in the participants' recognition that routines were necessary to hold on to as much as possible, while at the same time be able and prepared to change routines to accommodate those challenges. As a result, change made these family members adaptable, and they were often able to cushion unpredictability with a practical and flexible approach to the maintenance of routines. The difficulties posed by attempts to balance conflicting needs came out as a poignant dilemma for the parents. They struggled with the emotional conflict between looking after their adolescent, the family, and themselves.

Routines are a measure of functioning

Carol's phrase 'he's off the plot' encompassed the recognition of change in normal functioning. If the plot is the expression of normal routine for a family and its individual members, then these family members picked up any deviation from the plot as a sign that someone is not functioning well. Moreover, when routines were affected there was a ripple effect on the rest of the family. Family routines were therefore used as a gauge to assess the mental state of the adolescent. This was evidenced by a heightened awareness of the adolescents' routines and changes in their routines by the parents. This finding highlights that these families had developed a particular attunement to change and were hypersensitive and reactive in relation to the family's routines.

Being in control expressed in routines

Recognition of change made families proactive in dealing with loss of function and taking control of daily situations. The feeling of being in control was one that participants held in high importance, as it symbolised their plot as a recognisable state of being. Maintaining mundane activities meant that life had some stability and continuity. The significance of this finding is that the presence of routines was meaningful to the families as it showed that some facets of their lives still functioned; therefore they were to all intents and purposes a well functioning family. Individually, being in control was an important factor for the adolescents. The adolescents felt stronger and mentally better by being the active agent in re-establishing and maintaining activities of daily living. Their accounts showed that they had a strong awareness of this

as an important factor in their recovery. This finding suggests that the sense of feeling and being in control benefits the mental wellbeing of the adolescents.

Daily structure is protective

Routines were seen as a guide for daily life and therefore were prioritised and maintained. The comfort and familiarity of structured family routines supported the ability to cope with the stresses brought on by dealing with a mental illness in the family. Additionally, routines were also seen as protective from vulnerability, as well as establishing routines to strengthen individuals' wellbeing. These adolescents were very aware of this protective aspect of routines, because they have had to make adjustments to their lives, including changing habits and strengthening routines to recover. It may well be that this protection is felt more acutely by families in these circumstances. The findings would suggest that this is so, and the strength of the sentiments expressed in this theme shows the significance they ascribed to it. This finding is therefore important in the overall consideration of family routines in the presence of a mental health problem.

Routines support recovery

A distinction to emerge between the nature and meaning of routines for typical families and these families was in the function of routines. The idea of using routines for skill building was discussed in the literature review and is a widely accepted notion. However, the important application of routines that these families expressed was that they were used with forethought to support and shape the daily life of the adolescents in their efforts to regain wellbeing. Routines were seen as the ideal agents to facilitate recovery, as they could be graded and applied in simple and non-threatening ways. By ticking through their own routines, the adolescents could reflect on their accomplishments for the day, which helped their mental states. This finding points to awareness on the adolescents' part that commitment and adherence to purposeful routine was beneficial to their wellbeing and recovery.

Being

The participants were very aware of the need to have moments of reflection and calmness when daily life was turbulent. This was expressed through engagement in leisure activity or letting go and allowing the self to be without demands. Expressions of being also came through in adherence to socially recognisable activities such as doing shopping or dropping off a child. If that was not maintained, then the participants

knew that they would not cope with the stressors they faced. An outcome was that routines were mindfully used to recognise and guide wellbeing, to thoughtfully bond and be. The findings highlight the motivation that participants felt to look after themselves and are evidence of family members recognising the need to preserve their own wellbeing in the face of dealing with mental illness.

Layers of meaning

Forging new meaning

New meaning was found when routines had to be adjusted to accommodate the needs of the ill adolescent. These routines provided special bonding in times of stress or when life felt disjointed, and became meaningful because they were still in place or replaced a loss elsewhere. This need to find new meaning required adaptability to change as individuals and as a family. This resilience was expressed in the changed meaning that was ascribed to previously established ways of doing. Finding new meaning in routines could be argued to support adaptability to lost or changed important routines.

Special times

Doing things together, even the mundane, provided a point of contact between family members and an opportunity to interact. Routines were the medium in which this was facilitated, by design or by happenstance. It was recognised that they were an opportunity to be taken advantage of to bond. Forming strong relationships as a family was protective of the families' wellbeing.

There was a strong sense that these families dedicated time and effort in gathering for the family meal. The findings showed clearly that dinnertime was an important family routine, as the stressors of dealing with mental health problems were often detrimental to family relationships and wellbeing. It is the dedication to adhere to and the value derived from dinnertime, which showed that in times when life was stressful, they could just be together in the moment or could use the time to actively work on relationships and have a connection with one another.

With so much pressure and stress during their week, the relaxed routines of weekends held all the more significance for these families. Weekend routines were cherished and enjoyed mindfully, as though families were heaving a collective sigh of relief that at least for now, they could just be. The weekend routine activities therefore became sought out and were repeated each weekend. In that sense these routines became loaded

with an emotional depth because they helped the families regain a sense of equilibrium and wholeness.

Identity expressed in routines

The concept of individual and family identity through special routines showed in both the Māori participants' and others' accounts. While the intention was to discuss routines from a cultural perspective with the Māori participants, the outcome that all participants expressed identity through culturally derived meaningful routines was unexpected. I found that all participants had expressed elements of cultural significance in their regular routines. In Alexandra's case, it showed in her innate way of being a wahine and supporting her family through her way of being. In other accounts it showed through a commitment and adherence to traditional family activities or expressing the self through routines.

Alignment with the Literature and Theory

Alignment of the findings with the literature

The outcome that family routines were viewed as an enveloping framework within which daily lives are given shape and meaning resonates throughout the literature. The structure that routines provide is inherently protective for wellbeing and supports stability in daily life when this is interrupted by mental ill health in a family. Confirmation of this outcome is seen in the literature of general notions of health and in relation to other illnesses (Fiese, 2007; Fiese et al., 2002; King et al., 2005). While I expected there to be some alignment with the literature reviewed, I had not anticipated the close alignment of the claims by research to my findings that routines are a major factor in the wellbeing of families and its members, especially in the presence of an illness. Moreover, in the research that discussed mental wellbeing in particular, this notion was strongly promoted.

Sticking to the plot

From the account it was clear that participants ascribed significance to the maintenance of routines, of sticking to the plot. When everything else fell apart, mental health, relationships, functioning, there was at least something that everyone knew would still be the same each day. Especially the expression of the continuation of 'normal' came through strongly. Alexandra was quite forceful when she expressed this. When analysing her interview, I was reminded of the study by Schultz-Krohn (2004), with the finding that maintenance of routines helped families in homeless shelters maintain a

link to normal life in the outside world. Alexandra wanted to keep going as normally as possible, and she felt that if she could still do little things in the care of her children in common with other mothers, then she still had a connection to the outside world. Schultz-Krohn's findings showed similar expression of wanting to have that semblance of still feeling like a functional part of society.

The significance in the expression of the meaning in routines is noted here, as my findings show that routines were an outward expression of coping and being whole for these families. This is presented as a strong finding. Other than the study by Schulz-Krohn (2004) this layer of meaning is not evident in other literature where routines and wellbeing are discussed. It could be that the close similarity of topic, scale of study, and methodology between that Schulz-Krohn's and mine naturally lead to similar conclusions. Seen in that light, both studies' findings are strengthened.

In their efforts to stick to the plot, the participants managed the stressors associated with mental illness by filling in for one another, and accommodating the balance between managing their work obligations and family routines. This balance was delicate at times, and required all family members to support one another with this. This finding is similar to that of Valentine (1999) and Sheely (2010), who also noted that families managed this balance when faced with stressors of managing conflicting obligations. Sheely proposed that these obligations were adjusted as the need arose and in order of need or urgency at the time, and called this 'role strain'. The accounts by Alexandra, Pam, Helen and Carol conveyed this strain, in that they were mindful of their own obligations and were also aware that they had to drop some obligations when their adolescent needed their support. There was poignancy in their struggle to maintain the balance, and it became clear that this was not always achieved or even achievable. It would have been interesting to have the father figures' thoughts on this. Would they have felt the same strain of balancing their obligations with the needs of their child? Or is this a mothering phenomenon as part of the caring nature that is ascribed to mothers in general? This would have made an interesting point of comparison.

The above finding to balance needs highlighted the requirement to apply flexibility in the approach to daily routines and obligations. The participants had learned to let some things go and hold on to other things in order to cope. It was not always possible to keep all aspects of previous functioning. The participants knew that it was unrealistic to insist on routines if there was just no room for them. This finding has resonance with

the research by Black and Lobo (2008) and Denham (1995). Their studies showed that rigid maintenance of routines was unhelpful and in fact detrimental to individual and collective wellbeing. The strength in alignment lies in the recognition by the participants that this was indeed so, and that they worked consciously to let go when needed and strike a balance. They expressed this also in their commitment to applying down time in their routines, having time to let go of all the pressures and allow themselves to be. My statement in Chapter Two is confirmed here that it is necessary and desirable to be flexible with routines and sometimes let things go, to support wellbeing.

Adaptability as a measure of resilience

A measure of applied flexibility is a necessity and a reality of living with mental illness. It is therefore not a far leap to relate the ability to adapt to being resilient. Resilience factors in family and mental wellbeing is a widely discussed phenomenon in the literature. Many of the authors in the literature review promoted this notion, and it is no surprise that I found similarly. As discussed in the findings chapters, the participants were mostly able to adapt and change needs to the demands of unpredictable circumstances, and if this had not come naturally then they had learned out of necessity to do so. Walsh's (2003) research most clearly resounds with this finding, as her research in general is focused on family processes in dealing with adverse events. Being resourceful and able to adapt to unexpected changes is what, according to Walsh, creates resilience. Black and Lobo (2008) too found this in their research. They claimed that families become strong and healthy if they apply resilience in response to stressors. It could be argued, and my findings would suggest this, that the more families apply resourcefulness and find strength in their adaptability, the better the outcomes will be in terms of mental and family wellbeing. The families in my study had learned to be adaptable and coped in their own ways with the stress of unpredictability. They found strength in this realisation and felt that their ability to be so made them stronger. Their determination to stick together, help each other, and roll with the punches, exemplifies the statements made by Walsh and Black and Lobo.

Being in control

A significant finding in my study was the notion of being in control as a family and individual in aspects of daily life. This was very strongly expressed by all participants and indicates that this is an important factor in their perception of wellbeing. This finding echoes Schultz-Krohn's (2004) study, but otherwise there was no apparent

alignment with the literature in general. Again, perhaps Schultz-Krohn's article being so similar in topic and design has something to do with the match of the findings. Rather than this being a potential limitation or weak finding, I am convinced that the force with which these sentiments was expressed means something. I propose that this finding is worthy of further exploration as a potentially significant indication of what helps adolescents in the recovery process. If more studies are done with similar methodology and topic, then perhaps this could show a trend that routines give people a sense of control when circumstances beyond their control have changed their lives.

Where I did not find strong alignment with the research was that my participants saw routines as a vehicle for gauging mental deterioration and used routines to encourage control. With the exception of Denham (2002, 2003) who suggested that family routines are a useful construct for assessing family members' mental health, this finding was not present in other literature. The participating families were highly attuned to the discrepancies in routines and were quick to think that any change was associated with mental deterioration. Likewise they encouraged the adolescents to take control of their lives by being responsible for their own routines. While these were observations from the data, it would be useful if they were further explored in either similar settings or in relation to other illnesses. As it stands, while I think these are worthwhile interpretations, their applicability to the research is at this point indeterminable.

A protective framework for mental health and recovery

What keeps a family steady during rough times is knowing that there is certainty in routines. Helen's comment 'you can count on it' and her expression of feeling safe and protected knowing that routines were stable conveyed this well. Segal (2004) and Denham (2002) specifically discussed the protective factors of routines in relation to mental health. Segal's findings strongly align with my findings that routines gave families a sense of surety and order and were paramount in maintaining wellbeing. All the participants expressed their sense of feeling sure and comforted in having some routines that we kept up during difficult times. Denham suggested further that the maintenance of routines actively promoted mental health and recovery. Max and Dave spoke of their determination to keep up with their routines, in order to improve and maintain their recovery. They both knew that if they did not do this, they would deteriorate mentally. The fact that they recognised this as such would support its importance.

Participation in household routines and being part of family life was seen as particularly protective of wellbeing, as Lily alluded to when she said, *"like a bird building its nest"*. Research on family wellbeing confirms the feelings conveyed by Lily that routines provide a protective sense of belonging. The study by Desha and Ziviani (2007) aligns with Lily's sentiments. Their findings showed that inclusion in household routines and tasks was supportive and protective in that they were likely to decrease depression in adolescents.

Rask, Åstedt-Kurki, Paavilainen, and Laippala (2003) found that especially self-esteem and attitude benefited from sharing of activity and stable and regular family interaction. This aligns well with my finding that the expectation of contribution and participation in household chores was used to promote positive attitude and enjoyment in sharing tasks, as suggested by Helen. The findings by Barnes et al. (2007), Hofferth and Sandberg (2001), Kingon and O'Sullivan (2001), and Kiser et al. (2005) support this, as they too found that adolescent mental wellbeing was promoted by the maintenance of structure and involvement in family activity. In relation to this, Mason et al. (2009) proposed a different perspective. Their study on the influence of adolescents' social environment on levels of depression, showed that engagement in a social network, structured organised activity, and good family interaction was protective of adolescent wellbeing. The overall protective nature of routines as claimed by the above authors and others is a widely recurring theme in the pertinent literature. It would appear that my findings strengthen and confirm this claim.

When talking about the structure of routines, Carol mentioned that there were natural protective boundaries in routines that helped shape desired behaviour, and she actively used family routines to shape her sons' behaviour when they were growing up. She felt if she had let routines slip, her children would not have learned boundaries enforced through the expectations around family routines. Carol expressed that they would have been likely to be vulnerable to undesired influences and unhelpful behaviour later on. While perhaps not prominently presented in my findings, it was nonetheless interesting to find an alignment here with the findings by Pryor and Woodward (1996), and Carter et al. (2007) that having boundaries is indeed protective, especially for the development of self-esteem in support of mental wellbeing. The findings by Griffin (2004) confirm this. Her study showed clearly that lack of boundaries was detrimental to children's development and wellbeing, including mental wellbeing. Helen role modelled skills and behaviours with forethought by expecting her children to participate in the maintenance

of household chores. She made it fun and thereby showed that it is beneficial to do something for the greater good of the family and that enjoyment can be found in the most unlikely places. She promoted this belief strongly, and interestingly her thoughts are echoed in a number of authors' research (Blum-Kulka, 1997; DeVault, 1991; Hofferth & Sandberg, 2001; King et al., 2005). While Helen was the only participant to express this notion, the fact that other authors similarly noted this finding, appears to confirm that it is a generally accepted phenomenon of the role of routines, and strengthens this finding. Helen's application of chores with a practical aim in mind echoes the suggestion by Hocking (2008) that the expectation of children to contribute to household chores and family life, benefits their wellbeing.

Conversely, it was suggested by authors discussed in Chapter Two that participation in household tasks encourages altruism in later life and promotes independence (Brannen et al., 2000; Hofferth & Sandberg, 2001). This did not come out as a finding in my study. While it was not brought up by participants, it might well be that routines were used to foster independence, but that cannot be confirmed. Similarly, the notion of occupational potential promoted by Wicks (2005) was not directly evident from the accounts. There was however an inherent element of occupational potential being developed naturally by the parents, who encouraged their adolescents to engage in activities that would help their ability to function independently. For instance Max was encouraged and realised himself that he had to do things for himself which would help him become independent. This would appear to be a latent finding rather than an expressed one. It is therefore a subjective inference that occupational potential was being facilitated.

A parallel can be drawn between the overall benefit of routines for the maintenance of mental wellbeing and the same benefit in relation to chronic health problems. This has been extensively researched by Fiese et al. (2002), and Fiese (2007), and has strong alignment with my findings. If there is overwhelming research that claims routines protect families with physical or chronic health problems, then it is not unrealistic to suggest that routines are just as protective in relation to maintaining and promoting mental health. Acknowledging the parallel with other health areas reduces the relative dearth of such research in relation to mental health and strengthens similar findings.

Recovery literature

The above findings revealed expression of a recovery-focused way of looking at routines, and alignment was found with recovery literature and action theory. It is suggested that people with mental illness not take for granted their everyday occupations and routines and be encouraged to be active agents in their own recovery (Davidson, 2007). In relation to this, Borg and Davidson (2008) suggested that recovery is not just an individual process, but is part of a social process. People are not isolated and interact within their environments and people around them in daily life. In that light, the inclusion of family processes and routines in the recovery of individuals appears to be well founded. My findings of the wellbeing of family members being closely linked to their collective wellbeing, is echoed here. Alignment is also found in the policy guidelines set by New Zealand's Ministry of Health (2005), in which a recovery focused plan of rebuilding a life worth living is promoted through participation and social inclusion. Both participation and inclusion in social activity are provided by family routines where opportunities arise for participation in daily life, activity, and social family interaction.

Relationship building

Routines were seen as a medium for building and maintaining relationships. This was expressed in particular by the parent participants, and has resonance with the research by Denham (1995) and McGoldrick and Carter (2003). While not a prominent finding in my study, it was certainly expressed in Helen's deliberate use of routines. For Helen and her family, relationships were closely related to wellbeing, and she actively strove to foster good relationships within the family. McGoldrick and Carter suggested that without the benefit of experiencing good relationships humans cannot sustain health and wellbeing. Further, Helen felt strongly that if relationships were good, then everybody's mental state would benefit. Denham's research supports this finding especially in routines promoting adolescent mental health.

Special routines

In the introduction I discussed rituals as a phenomenon of interest in relation to family wellbeing. When it came to the analysis of the data I found that the participants did not stress the presence of rituals as an important aspect of wellbeing in relation to mental health. I found this initially surprising but interpreted this difference as a difference of ascribed meaning. While there was regular engagement in rituals, special routines were about the feeling of accomplishment that participants felt in the ability to engage in the

normal. Emphasis was on ordinary routines that became special through new meaning or were strengthened by the need to bond and be. In this light, the participating families held family dinnertime as an expression of coping and being together in high importance.

Dinnertime, as Carol said, is sacrosanct. It is about catching up and being together sharing space and time, especially when there are challenges during the day. These families had the perspective that family meals were important, which coincides with the literature accessed for this topic (Blum-Kulka, 1997; Denham, 1995; DeVault, 1991; Evans & Rodger, 2008; Fiese et al., 2002; Grieshaber, 1997; Olson & McCubbin, 1983; Segal, 2004). But more than dinnertime being used for skill building, as the literature would suggest, there is a deeper meaning here as these families used dinnertime with the additional significance of prioritising time to be together and reconnect during difficult times. While this finding generally aligns with DeVault (1991), in regard to dinnertime being an opportunity to reconnect and bond emotionally, for these families it was also to show that they were coping on some level and able to hold family life together. Schuck and Bucy (1997) identified this very notion as being important for children's wellbeing.

The need to keep dinnertime in the daily routine appeared to be driven by the mothers. It is not possible to ascertain what role the father figures might have had in maintaining this special daily time, but this finding fits well with Pleck's (2000) research that indicated that mothers tended to drive the adherence to mealtime practices. As my findings suggest, special routines as a sign of wellbeing has been voiced by Crespo (2008) and Fiese et al. (2002) who considered the implications of special routines to be the ability to show that the family is coping and therefore exists as an entity. The interpretation of my findings would appear to support this. Segal's (2004) work in this area seems to be definitive in the confirmation of this notion; the adherence to special family routines promotes a sense of belonging and wellbeing, as well as security and confidence in growing children. I therefore suggest that the maintenance of those routines that have special meaning to these families would be all the more important to encourage.

New meanings

The participants' expressions of finding new meaning in changed routines align well with my professional observations discussed in Chapter One. However, I have not seen this notion expressed prominently in the literature on routines and rituals. Where this

finding does align is in the occupational science literature, in which the notion of changed meaning of routines in the context of illness or dysfunction is widely discussed. Whalley Hammell (2004) identified this notion as a strong indicator of contributing to a feeling of control in people. When old routines have to be let go of or adapted due to circumstances, new meanings are sought within those to regain control and reduce the sense of loss of previous meanings. Whalley Hammell emphasised that it was the meaning derived from ordinary routines in which this was most observable. Interestingly, this finding resonates well with the expressions by my participants, that it was the ability to keep doing the small things in daily life that were important.

Hvalsøe and Josephsson (2003) referred to this notion as 'occupational meaning'. Their phenomenological study was focused on the occupational science concept of meaningful occupation, but in the context of people with long-term mental illness. They suggested that the meaning derived from engaging in everyday occupations lay in the sense of autonomy that was gained. Furthermore, they found that through such engagement, people nurtured their sense of personal value and identity. These findings resonate very closely with the findings that I came to, particularly the need for autonomy expressed by the adolescents.

Expressing identity

My final finding, that the families' routines were an expression of their identity, is not a new idea. Identity formation through personal and family practices is well documented in the literature. There are numerous international studies from the last three decades that voice the notion that families form their unique identities in the expression of their routines and their traditional practices (Giblin, 1995). Through those practices they know that they 'belong' (Rouchy, 2002). The fact that participants expressed that they identified as a family unit by how they shaped their days is echoed in the research by Denham (1995, 2002, 2003) and Evans and Rodger (2008). These authors voiced identity formation as an important factor of a functioning family unit that participates in shared activities, which was found to be protective of child and adolescent wellbeing.

The finding that all families expressed their identity through their special routines echoes the findings from a study on older women's food occupations at Christmas by Wright-St Clair, Hocking, Bunrayong, Vittayakorn, and Rattakorn (2005) that family identity is created through food practices. They suggested that "familiar surroundings, familiar foods and cultural rituals… are the making of a family belonging together" (p.

341). Carol and Helen's accounts of their dinnertime routines and expectations, and Saturday family dinners are a good example of the authors' statement. Both these participants put effort into making these times happen and expressed that these times were special and therefore needed to be maintained.

The effort of getting everyone together for the family meal for instance, and encouraging the adolescents to be part of family life aligns with findings by Valentine (1999) that the family meal supports identity shaping and mental health in children and adolescents. The fact that the meal was so often mentioned as an important family time, would suggest that this is so. Additionally, the participants' accounts of having special Saturday or weekend times that helped them 'be' as a family in their familiar space, supports Valentine's notion of meaning being shaped in the concept of 'home'.

The concept of belonging in families through special routines is also voiced by Hale-Moriarty and Wagner (2004), whose grounded theory study on the meaning of rituals for single parent families showed that the presence of special routines expressed in family rituals gave these families a sense of belonging and consistency. They surmised that the meaning of rituals was found in the facilitation of family cohesion, instillation of values, and the maintenance of family integrity. This is directly congruent with the comment made by Pam, as a single parent, who saw the significance of routines as a way to maintain family integrity, to keep the family whole.

The Māori cultural concept of identity lies in the collective meaning that Māori ascribe to their notion of family, which is closely associated with the concept of health. The whanau is the enveloping entity that expresses the identity of the individual. Whereas the Western notion of family could be argued to be somewhat insular and single family focused, Māori family identity encompasses the members of a wider family grouping as one, and its wellbeing is measured in the concept of four cornerstones of wellbeing: Te Whare Tapa Wha (Durie, 1998). Its components are wairua (spiritual), hinengaro (mental), tinana (physical) and whanau (family). Wellbeing is explained as encompassing all four parts, without which true health is not achieved. This is an indigenous perspective of wellbeing, and the family as a supporting structure is an essential part of that. If one of these components is lacking or missing then wellbeing is not achievable. In consultation with a Māori cultural advisor, it was explained to me that whanau is a crucial aspect of wellbeing and that health concepts are measured in the state of the wider family group. I am reminded of Alexandra expressing her need to

gather the family together regularly, and without that she did not feel right and whole. Moreover, she felt like she was her family generation's 'pillar', being the pivotal family member who held the wider family together and organised gatherings. She could not name the feeling she had about that, but she knew that it was important that she did this. This finding aligns well with Pleck's (2000) research that women from ethnic cultures feel a strong need to maintain culturally significant practices.

Alignment of the findings with theory

Role theory

During the conversations it became apparent that all the participants struggled to fulfil their different roles when their daily lives were interrupted by challenges. Where this was most evident was in relation to gender roles. While this was not a focus of the study, the significance of role divisions impacted on the lives of the parent participants. While in the two-parent families both parents were well involved in the maintenance of household routines and gave each other strong support, there was still a similarity with the single-parent families in the desire to 'do it all' for the family. The experiences of these families show a parallel with gender role research (DeVault, 1991; Primeau, 2000; Valentine, 1999; Walsh, 2003), that they were trying to maintain the integrity of the family routines and support their adolescent while also having obligations outside of the home.

This tug of trying to be everything to everyone has alignment with the study by Barker Dunbar and Roberts (2006), where an outcome was that mothers were dissatisfied with their ability to fulfil all the roles that they wanted and needed to fulfil due to the pressures of juggling household work, looking after children, and providing financially for their families. The mothers in my study echoed this in their expressed feelings of feeling very challenged by this tug when they were not able to do it all. Especially Pam's situation, where she was expected to take responsibility for all the household routines, support her son, and keep a job, exemplified such challenges. In Carol's situation, being the sole income provider, this challenge was most evident in her having to deal with Dave's episodes of illness, while needing to meet the demanding responsibilities of her job. Ultimately, the mothers in my study did the best they could in their circumstances, and each had their own strategies of making it work. Their experiences resonate with Primeau's (2000) findings that while the challenges of juggling household task divisions were different for each household, families generally

managed to apply strategies that enabled them to fulfil their obligations as best as they could.

Occupational science and therapy

The study's tone and findings were steeped in occupational science theories. The notion of the human need to 'do' being linked to wellbeing (Clark et al., 1991; Wilcock, 1993, 1995; Yerxa, 1998) was well voiced in the accounts, expressed by the participants in the importance ascribed to daily routines. There was strong alignment in the expressions of meaning in routines by the participants with Hasselkus' (2002) statement that routines give a sense of "control and order… providing the centredness in daily existence" (p. 32). Managing daily life in a way that made sense to the participants helped them get a sense of wellbeing. I am most reminded of Dave's expression of the meaning of routines to him, as 'a life inside a life'. He saw a life with routines as a life with purpose; in the 'doing' he knew he was whole. From an occupational science perspective this was an interesting comment. The theory of the human need for occupation (Wilcock, 1993, 1995) has been very clearly verbalised here, and confirms the critical contribution that maintenance of daily routines makes to an overall sense of wellbeing for individuals.

The notion of doing, being, and becoming (Wilcock, 1999) was well exemplified by Alexandra's account. Her expressed need to keep in place her mothering routines in common with mothers the world over, helped her feel that she existed in the world. She felt it showed to the outside world that they were still a family and coped and did what other people do. Her expressions of doing and being supported her wellbeing and that of her family.

Desha and Ziviani's (2007) suggestion that participation in and maintenance of daily routines promotes mental health has been clearly shown in the findings. By engaging in some way in a daily routine, the adolescent participants in particular felt that they gained a sense of wellbeing, which helped them on their recovery journey. Routines were expressed as being protective of family life and the self, and of supporting recovery and wellbeing. Further to that, Hocking (2008) highlighted the importance of contributing as supporting individual wellbeing. In the case of my participants, the expectation of contribution was well represented by Helen's account. Her insistence of the children helping out in whatever small way with the chores and her expressed thoughts that this was for their betterment as well as their wellbeing, resonates well with Hocking's (2008) stance. Moreover, Helen's belief that doing this helped forge family

bonds and good relationships resonates with Carter et al.'s (2007) findings, and those of Fiese (2007).

The realisation of needing to take charge of their own routines expressed by the adolescent participants, aligns well with the concept of personal causation (Kielhofner, 2008), which is the collective effect of realising that one has the ability to instigate change (personal capacity) and knowing that one is effective in doing so (self efficacy). Kielhofner suggested that personal causation leads to a sense of being able to control one's environment and abilities to achieve what is desired. The adolescent participants expressed clearly that they needed to feel in control of their routines, and felt that if they were not in charge of this themselves they were unlikely to feel the drive to achieve recovery. They knew they could do it, and expressed a need to show that they could, and in that expression they found the strength needed to instigate their recovery.

The expressions of the need to mix up routines in order to find balance between the stress of juggling routines and needs to maintain wellbeing, aligns with the notion of occupational balance. Backman (2004) suggested that health is achieved by attaining a balance between the domains of self-care, leisure and productive activities. This notion aligns well with the participants' accounts of feeling the need to occasionally deliberately change their routines or insert leisure activities to regain a sense of equilibrium. The leisurely pace of the participants' weekend routines to counterbalance the complexity of the weekdays is an example of that. The expressions of these leisurely times allowing the participants to regain their sense of self were an expression of 'being'. The alignment here with the literature is best expressed in the words of Wilcock (1999): "To 'be' in this sense requires that people have time to discover themselves, to think, to reflect and to simply exist" (p. 5). The participants indeed expressed a desire and a need to ensure that they had such time, and their relaxed tone and body language when talking about their reflective 'down' time showed this well.

Strengths and Limitations of the Study

In order to safeguard transparency and trustworthiness the methodology was presented using 'thick' description (Tuckett, 2005), which supports transferability. A comprehensive literature review provided a foundation of peer reviewed knowledge to which new understandings gained can be compared and related. This has added to the credibility of the findings (Thorne et al., 1997). Finding similarity with research using the same methodology implies that these methods are often used and therefore

considered to be sound. Peer auditing strengthened the findings' trustworthiness. Transferability might be found for practitioners working in adolescent mental health services in other similar urban settings. In the richness of the description of the data and the analysis, they could recognise the resonance with families they work with.

In terms of limitations it must be acknowledged that this project was approached with a personal and professional bias. The interpretative findings might reflect this, which could indicate a conceptual limitation. The outcomes of this study are not intended to imply that the maintenance of routines is the principal factor that supports families faced with mental illness. Bias is also found in the fact that all those that participated had a connection in some way to my work setting. It would be difficult to unravel what the bias might be, but it is likely that their decision to participate will have been influenced by knowing me as a practitioner. Further, there may be families whose daily life is naturally less built on routines and who cope in ways that not necessarily include the maintenance of routines. It seems unlikely that families whose daily lives were chaotic or those who are not mindful of their routines would have come forward. Additional data from such families might have given different outcomes, suggesting quite different ways to respond to adolescent mental illness.

Difficulty with recruitment was a limitation in terms of how broadly the knowledge can be applied. Findings therefore need to be used with caution as possibilities for practice rather than certainty of therapeutically usable information. A limitation of the small size of this study lies in the lack of diverse cultural depth in exploring this topic. As it was, having two Māori participants did reflect the proportional representation of Māori in the Kari Centre client base, so the findings may resonate in similar settings elsewhere in New Zealand, but application to other ethnic groups is uncertain.

Finally, a limitation was identified in terms of gender considerations. The parent participants were mothers, and it is not possible to ascertain how routines would have looked had a father/male caregiver come forward for an interview. There might have been a different perspective if a father figure had done the reporting, or if the father was in the position of driving the routines. To summarise, it appears that there are some cultural voices missing and gender considerations have not been catered for. However, as this study is exploratory, such limitations must be accepted as inevitable.

Implications of the Study

Implications for practice

This study was undertaken to gain greater understanding of what routines looked like in families dealing with a mental illness and what routines meant to them in that context. The findings highlighted what made families vulnerable and what helped them keep on an even keel. A major finding was that routines were used as an early warning system for mental deterioration, which has shed light on how families gauge their adolescent's state of mind. This finding underpins the use of routines as central, at least for some families, to help people to understand that a structure of living is an important part of recovery and rebuilding lives. Such practice is wellness-focused as well as symptom-focused. Working with such families to record or measure the day-to-day routine function of the adolescent might help detect signs of impending deterioration or conversely recovery. Activity diaries or and routine guides could be used as applicable tools.

Another implication of the importance of routines for these families is that when families are undergoing periods of stress and practitioners are supporting them through this, facilitation of routines could be a way in which to support families to get a sense of coping and control. Routines were seen as an outward sign of coping; therefore encouraging the maintenance of routines might be beneficial for these families. Suggested routines in which this sense could be facilitated are mealtimes and special family activities. Mealtimes were seen overall as an important part of family life and wellbeing. Supporting families to structure mealtimes could benefit them in many areas, for instance as an opportunity to connect, to socialise, to build relationships, and to support healthy eating patterns.

A strong message from the adolescent participants was that they felt the need to be in control of their own routines and wanted to make the decisions around those as much as they were able. The sense of empowerment that they gained from making their own decisions was clearly expressed. Encouraging adolescents to take responsibility for their wellbeing through planning and monitoring daily routines could be a useful tool in supporting their recovery. The fact that the adolescent participants felt motivated to effect change is indicative of its potential usefulness. Furthermore, the routines that the adolescents were motivated to engage in had meaning to them. An implication of this is that in terms of supporting adolescents to overcome the effects of mental illness,

intervention around meaningful routines might be part of a range of therapeutic options for practitioners.

Spending time together was important to these families. It gave them moments of meaningful bonding time and allowed them to feel that they were a family. As the literature indicated, shared activity within family life was beneficial to the mental wellbeing of adolescents, as it gave them confidence and stability needed to individuate. This finding interested me in particular, as it could have an implication for supporting adolescents with mental health problems. Both the adolescents and their families, it seems, need to be actively involved in the promotion and maintenance of stable family interaction through regular sharing of activities. While this is often already done in mental health services, the findings suggest that attention to activities that families do together in interventions is justified.

Furthermore, there was a suggestion that adolescent engagement in family routines and activities might reduce the potential to engage in unhelpful behaviours. Having an awareness of this as a practitioner and discussing this with families could support the families in being encouraged to implement family time, including structured time, to reduce the risks of lack of connection and resulting potential for negative health outcomes.

Another outcome was that these families felt protected by the presence of routines. Routines were the structure in which they felt and knew that their life still made sense, which helped them feel secure. This would indicate that supporting such a protective structure in families' lives could benefit their collective wellbeing and promote recovery of the adolescent. This finding indicates that discussing the protective nature of routines with clients and families might be important for some. While practitioners working with families in mental health contexts already use education on symptoms, medication and helpful strategies for coping and living, the findings support the education of service users on the significance and usefulness of implementing and maintaining routines as a protective factor in mental health.

Implications for research

Although there is a lot of research on family practices and their influence on wellbeing, taking the perspective of looking at the actual routines in the context of adolescent mental health brings something new to the existing research. As discussed, new understandings about the nature and the meaning of routines have been uncovered.

However, there remain gaps in these understandings, as the study was not large-scale enough to capture the experiences from a variety of settings, cultures, perspectives, and circumstances. For instance, it would make an interesting comparison to see if families that do not have to deal with mental illness would feel as strongly about the protective nature of routines, or would ascribe as much meaning to routines as these families do. Additionally, it would be interesting to compare these findings to those of families from other cultures and countries and the significance of routines, or not, in their lives.

The literature accessed for this study came from a variety of disciplines. A major part came from psychological, sociological, anthropological, and occupational therapy sources, with a mixture of qualitative and quantitative methodologies. Relating the findings theoretically to occupational science and therapy has added an interesting dimension to the consideration of family routines. Further study promoting the occupational science perspective in the context of routines and mental health would be welcome.

Using a qualitative approach was beneficial as it allowed me to gain a sense of people's experiences of the phenomenon of routines in their daily lives. This methodology allowed me to get a broad understanding of the meaning of routines for these families, and has contributed to the insights gained from this. I can therefore endorse its use for future research on similar topics. Deeper understanding might be gained however, if a more philosophical background were applied to this topic. It would be interesting to compare findings if this topic were approached from different philosophical and theoretical perspectives such as phenomenology, action theory, or critical theory.

One aim of the study was to trial the implementation of time use diaries in this health context and with this methodological approach. The diaries were mainly used as an opener to start the data gathering process. While the diaries might have been useful for the participants to frame their thoughts and record mundane events in their day, I felt that reference to them by either the participant or me hindered the flow of conversation. Only one of the participants used the diary without compromising her train of thought. For another participant making regular reference to the dairy became essential as it was challenging to use open ended questions with a participant who had a concrete approach in her thinking and tended to veer off topic.

Apart from the latter interview, the dairies did not contribute in as significant way to the data. The structured interview questions were sufficient to maintain the flow of

information. Furthermore, three of the participants had not filled in their dairies, which precluded any reference to them. The resulting interviews had no less depth than the others and I surmised from this experience that the diaries were not essential for the analysis process. I therefore chose not to use them as a data source in the analysis phase.

However, overall the use of the dairy was of benefit, as it supported my questioning and could be used to glance at quickly to formulate additional comments or questions. As a novice researcher, at times I was challenged to maintain the focus of the interview. An implication of this could be that using time use diaries is useful for supporting novice researchers, rather than adding depth to the data as a data-gathering tool.

Finally, the recruitment of three pairs of parents and adolescents had an additional advantage of the 'paired' perspectives proving quite useful in understanding the data. A recommendation from this is that future research that seeks parent and/or adolescent perspectives might aim to recruit multiple members from one family.

Implications for education

It would be beneficial to increase the awareness of practitioners to the possibility of using a routine-focused approach in their work with mental health service users. They could educate their clients to understand the importance of routines, and emphasise that inclusion of routines as a therapeutic tool is a viable option to support recovery. Tools could be created and tailored with the understanding of working with families in mental health. Furthermore, the inclusion of the family in therapeutic interventions with individual service users could be encouraged as part of a recovery-focused framework of practice. Implementation and support with family routines could be a suitable avenue in achieving this. Further, the findings provide a useful illustration of the importance of routines in people's lives, and warrant the suggestion of supplementation of this concept in occupational therapy curricula.

Value of the Study

The aim of this study was achieved in that it generated new insights into the nature and meaning of family routines in the context of adolescent mental health. I had seen the use and facilitation of routines as benefiting adolescents, and the opportunity to explore this with a researcher's lens has confirmed these observations. My sense is that my effectiveness as a practitioner has increased, as I can now continue to apply the use and facilitation of routines as a therapy approach with some confidence. This new knowledge has strengthened my belief in using routines with this purpose in mind. I

have also contributed to the professional knowledge base, in adding the perspective of adolescent mental health in relation to family routines. This perspective allows for comparison to, for instance, other health contexts, and gives insights into the use of routines to facilitate recovery from mental illness.

This study will have some value to other people working with adolescents and their families. Other practitioners might look at using routines as a therapeutic approach for individuals; however, discretion would need to be applied in a client-centred manner. It is therefore not suggested that this use of routines is a standard provision for all clients. Where a lack of routine is identified in relation to mental illness and instigating routine is useful and meaningful for a particular client, it could be used advisedly.

Additional value is seen in the finding that for the adolescents it was very important that they make their own decisions about the routines that motivated them to change and recover. I am more confident about facilitating this process and encouraging parents to let go and allow their adolescent to learn by trial and error. While this approach is already encouraged and facilitated in my practice setting, the insights I have gained allow me to more formally use this approach with clients and affirm my belief in what I am doing.

Deeper insight has been gained about the application of routines to support wellbeing. Routines are beneficial as they hold the family together, but it is also important to consider that at times routines need to be let go of as well. Thus, routines are about being flexible and about supporting each other. Further, insight was gained from the participants' perspective that routines sometimes had to be let go in order to look after the self, to take a break from daily stressors and create a bit of variety. These layers of depth found in the data have added value to the body of knowledge on family routines and their influence on wellbeing.

Conclusion

I went into this journey of discovery with my own ideas but nonetheless an open mind as to what I would find. From an occupational perspective, the form, function, and meaning of the occupations of daily life found voice in the participants' accounts. The everyday functional routines were seen as having several purposes, both as a practical structure to support the running of the household, and as a supportive foundation for wellbeing, with natural and applied variations within the parameters of family life. In all, the findings pointed to the maintenance of routines seen as fundamental to the

wellbeing and recovery of the adolescents and indeed the maintenance of family life. Routines were in a way the bedrock upon which families could build their lives, meet obligations, support one another, and make sense of the difficulties posed by mental illness.

The result of this journey is that I have been able to formulate a perspective of the significance of family routines to the mental health of adolescents. To some extent my own thoughts and other studies' findings have been supported, but I have also gained strength of knowledge that will support my work as an occupational therapist to help adolescents and their families through difficult times. Ultimately, the strength of this study lies in the conviction with which the participants told me about the importance of routines to them. Their commitment of time and willingness to tell me their stories has convinced me even more that routines, as a phenomenon of interest in relation to mental wellbeing and recovery, is indeed significant and deserves to be promoted and further researched.

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Appendix A: Northern X Ethical Approval Letter

Health and Disability Ethics Committees

Northern X Regional Ethics Committee
Ministry of Health
3rd Floor, Unisys Building
650 Great South Road, Penrose
Private Bag 92 522
Wellesley Street, Auckland
Phone (09) 580 9105
Fax (09) 580 9001

Email: pat_chainey@moh.govt.nz

19 January 2010

Ms Femke Koome
136A Orakei Road
Remuera
Auckland 1050

Dear Femke

NTX/09/11/108 **Family routines and adolescent mental health: A qualitative descriptive study: PIS/Cons V#3, 1/02/10**
Principal Investigator: Ms Femke Koome, UoA
Locality: Kari Centre, Auckland DHB

Thank you for your letter dated 12 January 2010 together with the Committee's requirements. The above study has been given ethical approval by the Northern X Regional Ethics Committee.

Approved Documents

- Participant Information Sheet for Teenagers V#3 dated 1 February 2010
- Participant Information Sheet for Parents V#3 dated 1 February 2010 **
- Consent Form for Parents and Teenagers V#3 dated 1 February 2010
- Consent Form for Parent/Guardian V#3 dated 1 February 2010
- Question Sheet for Parents V#3 dated 1 February 2010
- Question Sheet for Teenagers V#3 dated 1 February 2010
- Invitation to participate (undated)
- Time use diary (undated)

➢ Please forward an updated PIS for Parents V#3 with the date of 1 February 2010 instead of 1/12/09.

Certification
The Committee is satisfied that this study is not being conducted principally for the benefit of the manufacturer or distributor of the medicine or item in respect of which the trial is being carried out.

Accreditation
The Committee involved in the approval of this study is accredited by the Health Research Council and is constituted and operates in accordance with the Operational Standard for Ethics Committees, April 2006.

Progress Reports
The study is approved until 1 October 2011. However, the Committee will review the approved application annually and notify the Principal Investigator if it withdraws approval. It is the Principal Investigator's responsibility to forward a progress report covering all sites prior to ethical review of the project on **19 January 2011**. The report form should be forwarded to you prior to this date but if not received, it is available on http://www.ethicscommittees.health.govt.nz (forms – progress reports). Please note that failure to provide a progress report may result in the withdrawal of ethical approval. A final report is also required at the conclusion of the study.

Final Report

A final report is required at the end of the study. The report form is available on http://www.ethicscommittees.health.govt.nz (forms – progress reports) and should be forwarded along with a summary of the results. If the study will not be completed as advised, please forward a progress report and an application for extension of ethical approval one month before the above date.

Requirements for SAE Reporting
The Principal Investigator will inform the Committee as soon as possible of the following:

- Any related study in another country that has stopped due to serious or unexpected adverse events
- all serious adverse events occurring during the study NZ worldwide which are considered related to the study.
-

All SAE reports must be signed by the Principal Investigator and include a comment on whether he/she considers there are any ethical issues relating to this study continuing due to this adverse event. It is assumed by signing the report, the Principal Investigator has undertaken to ensure that all New Zealand investigators are made aware of the event.

Amendments
All amendments to the study must be advised to the Committee prior to their implementation, except in the case where immediate implementation is required for reasons of safety. In such cases the Committee must be notified as soon as possible of the change.

Please quote the above ethics committee reference number in all correspondence.

The Principal Investigator is responsible for advising any other study sites of approvals and all other correspondence with the Ethics Committee.

It should be noted that Ethics Committee approval does not imply any resource commitment or administrative facilitation by any healthcare provider within whose facility the research is to be carried out. Where applicable, authority for this must be obtained separately from the appropriate manager within the organisation.

We wish you well with your study.

Yours sincerely

Pat Chainey
Administrator
Northern X Regional Ethics Committee

Cc: ADHB A+4593

Appendix B: ADHB Approval Letter

Research Office
Level 14, Support Bldg
Auckland City Hospital
PB 92024, Grafton, Auckland
Phone: 64 9 307 4949 Extn. 23854
Fax: 09 3078931
Email: SamanthaJ@adhb.govt.nz
Website: www.adhb.govt.nz/ResearchOffice

25 January 2010

Institutional Approval

Ms Femke Koome
136A Orakei Road
Remuera
Auckland

Dear Femke

RE: Research project A+4593 (Ethics # NTX/09/11/108) - Family Routines and Adolescent Mental Health: A Qualitative Descriptive Study

The Auckland DHB Research Review Committee (ADHB-RRC) would like to thank you for the opportunity to review your study and has given approval for your research project.

Your Institutional approval is dependant on the Research Office having up-to-date information and documentation relating to your research and being kept informed of any changes to your study. It is your responsibility to ensure you have kept Ethics and the Research Office up to date and have the appropriate approvals. ADHB approval may be withdrawn for your study if you do not keep the Research Office informed of the following:

- Any communication from Ethics Committees, including confirmation of annual ethics renewal
- Any amendment to study documentation
- Study completion, suspension or cancellation

- Any communication from Ethics Committees, including confirmation of annual ethics renewal
- Any amendment to study documentation
- Study completion, suspension or cancellation

More detailed information is included on the following page. If you have any questions please do not hesitate to contact the Research Office.

Yours sincerely

On behalf of the Research Review Committee
Dr Samantha Jones
Manager, Research Office
Auckland DHB

c.c. Mike Butcher; Sarah Wallbank; Fionnagh Dougan

..../continued next page

MAINTAINING YOUR RESEARCH APPROVAL

Your Ethical and Institutional approval is dependant on the Research Office having up-to-date information and documentation relating to your research and being kept informed of any changes to your study. While the RO endeavours to send reminders for annual approvals and missing documents, it is **your responsibility** to ensure you have kept Ethics and the Research office up to date and have the appropriate approvals.

Please note, when missing or updated document reminders are sent, if the RO receives no response from you after **3 reminders** it will be assumed that your research has been completed and we will notify the relevant Department CD, the RRC and Ethics Committee that your **Locality Assessment Approval has been withdrawn**. This will not be reinstated until all issues have been resolved.

All documents / communications must be referenced with the **ADHB project number**. For simplicity when sending information to the Ethics Committees, please cc the RO. When receiving letters from Ethics, please copy and send to RO for our records.

TOPIC	REQUIREMENT	ACTION
ETHICS		
All Ethics Correspondence	All formal Ethics Committee communications to you	o send a copy to RO immediately
Annual Ethics Renewal	Use Ethics form, complete and submit **BEFORE** anniversary date of original research approval	o copy to Ethics o copy to RO (e-copy) o send copy of Ethics approval letter to RO when received
Changes to Research (design, PI, protocol etc)	Write letter detailing changes, Mark up changes in relevant documents. Ethics approval must be received **BEFORE** implementing	o copy of changes to Ethics o copy changes to RO o send copy of Ethics approval letter to RO when received
Stopping Study or Study Complete	If the study is stopped for any reason or study is complete	o notify Ethics and attach relevant documents (final report etc) o notify RO and attach relevant documents
Final Report	Complete Ethics template for final report	o Send to Ethics and RO o Inform RO if all finance elements also complete
LEGAL		
Contracts, Indemnities, Agreements, insurance certificates	All legal must be reviewed and approved before signing	o Send all legal documents to RO
Amendments – Non-financial	As above	o Send all legal documents to RO
Amendments - financial	As above and revise Budget	o Send all legal documents to RO o Send revised budget using template to RO
FINANCIAL		
Budget Changes i.e. change in visits or tests or proposed income	Liaise with accountant and adjust budget accordingly	o Send revised budget using template to RO
Budget maintenance	it is recommended that you review and update budgets at least quarterly	o Liaise with accountant and forward update to RO

All documents must be referenced with the ADHB project number and can be sent via email to: jennym@adhb.govt.nz. All paper copies can be faxed to, Attention: Jenny Ma, internal # 23789, external # 09 630 9978 or sent by post, Attention: Jenny Ma, Research Office, Level 14, Support Building, Auckland City Hospital, Private Bag 92024, Auckland, New Zealand.

For further information go to www.adhb.govt.nz/researchoffice/

Appendix C: Māori Research Review Committee (MRRC)

Research Office
Level 14, Support Bldg
Auckland City Hospital
PB 92024
Grafton, Auckland
Phone: 64 9 307 4949 Extn. 23854
Email: SamanthaJ@adhb.govt.nz
Website: www.adhb.govt.nz/ResearchOffice

9 December 2009

Ms Femke Koome
136A Orakei Road
Remuera
Auckland

*This support letter is issued by the Maori Research Review Committee and **does not** represent the Ethics approval or the ADHB management approval. Investigators are advised to seek other approvals separately.*

Tena koe Ms Koome

RE: Research project A+4593 - Family Routines and Adolescent Mental Health: A Qualitative Descriptive Study

The Maori Research Review Committee (MRRC) would like to thank you for the opportunity to review your research.

The MRRC commends your consultation with Patrick Mendes and is happy to support your research study

Please send a copy of the final report that includes ethnicity data to the Maori Research Review Committee (c/o Jenny Ma, Research Office, Level 14, Support Bldg, Auckland City Hospital, PB 92024 Grafton, Auckland) at the conclusion of the study.

We wish you the very best in your research.

If you are forwarding a copy of this letter to the Ethics Committee please ensure you add the EC number to the document (if not already listed). This will ensure there are no delays in processing your application at the Ethics Committee.

We look forward to receiving your response.

Noho ora mai,

On behalf of the ADHB Maori Research Review Committee
Dr Samantha Jones
Manager, Research Office
Auckland DHB

c.c. Mata Forbes, MRRC

Appendix D: Recruitment Pamphlet

Want to take part?

Write your name and phone number in the space provided and hand the pamphlet to the receptionist or your/ your child's key worker. They will pass on your information to Femke.

Name:

Phone number:

Email address:

OR:

Take this pamphlet away with you and:

Email Femke Koome at familyroutinestudy@gmail.com

OR:

Call or txt Femke on 022-6389309

Summary

This study looks at what happens in a family's daily routines when an adolescent (aged between 13 and 18) has mental health problems.

It involves doing an interview that will take about an hour and a half and a time use diary to fill in beforehand. Parents or adolescents can take part in it. You will be asked some questions about your daily routines and how they have been during difficult times.

Taking part is completely voluntary (your choice). If you have any concerns or questions, you can contact Femke directly.

Family routines and adolescent mental health. A study conducted through the Auckland University of Technology

What has daily life been like while you have been living with a mental health issue?

A study for adolescents and their families

What the study is about

Research shows that families cope with difficult situations in very different ways, and that daily routines could play a part in how families manage the difficulties they face.

Femke is an occupational therapist who is interested in what happens to family routines when the family is trying to cope with stressful situations associated with mental illness.

If this study generates useful ideas about how these families are coping, then it may help future study to find out how families are best supported.

Who is involved?

- *Teenagers between 13 and 18 years of age, or a parent of a teenager who is involved with the Kari Centre*

What is involved?

- *An interview of about 1 1/2 hours somewhere that you choose*
- *Filling in a time use diary for 3 days in one week*
- *Signing a form that you understand what is involved*
- *The interview will be audio taped so that Femke has an accurate record of what you say*
- *Your information will be strictly confidential*
- *Reasonable travel costs will be reimbursed*
- *You will get a $20 gift voucher*

What will be sent to me?

- *An information sheet about the study*
- *The time use dairy*
- *Some questions to think about before the interview*
- *If you want you will get a report of the findings*

Why me?

Even if you think that you have nothing much to say, that is not an issue. This study is all about how you and your family get things done in your every day lives, like the meals or shopping, and how those things are affected by mental illness.

If you would like support to decide whether to participate, feel free to do so. You are also welcome to have a support person of your choice with you during the interview.

What has daily life been like while you have been living with a mental health issue?

Family routines and adolescent mental health. A study conducted through the Auckland University of Technology

Summary

Appendix E: Information Sheet (Parents)

Participant Information Sheet For Parents

Principal Investigator: Femke Koome familyroutinestudy@gmail.com 022-6389309 (text or call)

Supervisor: Clare Hocking clare.hocking@aut.ac.nz 09-9219162

Date: 01/02/10

Study Title: Family routines and teenage mental health.

An Invitation

You are invited to be in a study about teenagers and their families. Femke Koome is an occupational therapist and this study is part of her studies with Auckland University of Technology. You do not have to agree to be part of this study. If you do agree, you can withdraw your participation at any time while Femke is doing interviews.

What is the purpose of this research?

The reason for doing this study is to find out more about what happens to the daily things that families do when an adolescent is living with mental illness. This may generate information to use in further research to support families affected by mental health issues.

How was I chosen for this invitation?

Your child's key worker has told you of this study or you have picked up the study flyer from reception. This letter gives you a bit more information. Six to ten parents and teenagers will be in this study.

What will happen in this research?

Femke will arrange a good time for you to meet for an interview. You can be interviewed by yourself or with a support person you choose. The interview will take place when and where you want, and may be for about 1½ hours. Some questions will be sent to you before the interview and you will also be asked to complete a time use diary for about 3 days. You can fill it in as you go or take a few minutes at the end of the day.

The interview will be audio taped so what you say is accurately recorded. Femke may take some notes as well. The audiotape will be destroyed when the study is finished. Only Femke and her university supervisors will have access to your information.

What are the risks?

As Femke works at the Kari Centre, any knowledge Femke may have of you and your family will have no bearing on the study, and information you give Femke will not change your family's treatment.

Talking about family life when things are a bit difficult for you could bring up some unwanted emotions. If this happens you can let Femke know, and a decision can be made whether you want further support with this.

If you want to talk to an elder or your family/whanau before making a decision you are welcome to do so. You may have someone in mind that can support you. You are welcome to discuss any of the above with Femke.

What are the benefits?

If you want to be part of this study, you will be contributing to research to find out how families work when younger family members have mental health problems. You may not get something out of this study for yourself, but your experience may help to give ideas for future research with families that come to a mental health service.

How will my privacy be protected?

Femke and her university supervisors will keep your information confidential. You can withdraw any of the information you give Femke at any time during or after the interview. You just need to let Femke know.

What are the costs of participating?

There will be no cost to you. If you choose an interview place where you have to travel to, reasonable costs (like petrol or bus fare) will be reimbursed.

How long do I have to consider this invitation?

You will have at least one week from the date of the invitation to decide if you want to take part and to talk with someone about this. During that time you can contact Femke if you have any questions. Femke will get in touch with you to check if you are interested or not after three weeks.

How do I agree to particpate in this research?

If you agree to be part of this study, you can contact Femke. Contact details are on page 1.

Will I receive feedback on the results of this research?

If you are interested in the results of the study, you can let Femke know at the interview. You will then get a summary of the study's results when Femke has completed her studies.

What do I do if I have concerns about this research?

If you are worried about this project you can contact the Project Supervisor,

Clare Hocking
Associate Professor
Auckland University of Technology
Ph: 09-921 9162
Email: clare.hocking@aut.ac.nz

If you have any queries of concerns regarding your rights as participant in this study, you may wish to contact an independent health and disability advocate.
Free phone: 0800 555050
Free fax: 0800 2 SUPPORT (0800 27877678)
Email: advocacy@hdc.org.nz

This study has received ethical approval from the Northern X Regional Ethics Committee.

Approval number NTX/09/11/108. 01/02/2010 Version 3

Appendix F: Information Sheet (Youth)

1

What is this study about?
Participant information sheet (teenagers)

Principal Investigator: Femke Koome familyroutinestudy@gmail.com 022-6389309 (text or call)

Supervisor: Clare Hocking clare.hocking@aut.ac.nz 09-9219162

Date: 01/02/10

Study Title

Family routines and teenage mental health.

An Invitation

You are invited to take part in a study about teenagers and their families. Femke Koome is an occupational therapist and this study is part of her studies with Auckland University of Technology. You do not have to agree to be part of this study. If you do agree, you can change your mind at any time while Femke is doing interviews.

Why is this study happening?

This study is to find out about the daily things that families do, and what happens when a teenager is living with mental illness. This may help services to support families in the future.

How was I chosen?

Your Kari Centre key worker told you about the study, or you have picked up the study flyer from reception. This letter gives you a bit more information. Six to ten parents and teenagers will be in this study. Nobody will know who you are; your identity will be confidential.

What will happen in this study?

Femke will arrange a good time for you to meet for an interview. The easiest place might be your home, or otherwise somewhere else where you feel safe. You can be interviewed by yourself or with a support person you choose. The interview may be for up to $1\frac{1}{2}$ hours. Some questions will be sent to you before the interview and you will also be asked to complete a time use diary for 3 days by filling in the time slots with the things that you are doing. You can take a few minutes at the end of the day or fill in as you go. If this is difficult, the diary can be done by phone or at the interview.

The interview will be audio taped so what you say is properly recorded. Femke may take some notes as well. The audiotape will be destroyed when the study is finished. Only Femke and her university supervisors will read your information.

What if a problem comes up?

Femke works at the Kari Centre, but any information you give Femke will not affect your treatment. Talking about family life when things are a bit difficult for you could bring up some unwanted emotions. If this happens you can let Femke know, and a decision can be made if you want Femke to let the duty officer at the Kari Centre know. If you want to talk to an elder or your family/whanau before making a decision you are welcome to do so. If you are worried about any of this, you can contact Femke directly.

How is this going to help? 2

If you want to be in this study, you will be helping to find out about how families work when younger family members have mental health problems. You may not get something out of this study for yourself, but your experience may help to give ideas for future research with families that come to a mental health service.

Will anybody know who I am?

Femke and her supervisors will keep your identity confidential. You can withdraw any of the information during or after the interview. You just need to let Femke know.

Will it cost me anything?

There will be no cost to you. If you choose an interview place where you have to travel to, reasonable costs (like the bus fare) will be reimbursed.

How long do I have to decide?

You will have at least one week from the date of the invitation to decide if you want to be in it, and to talk with someone about this. You can contact Femke if you have any questions. If you haven't contacted Femke after three weeks she will get in touch with you to check if you are interested or not.

How do I agree to be in this study?

If you agree to be part of this study, leave a message by phone or text, or email (page 1). This will be your own decision.

What if I want to know what happened?

If you want to know what Femke has found out, you can let her know at the interview. You will then get a summary of the study's results when Femke has finished her studies.

What do I do if I am worried about this research?

If you are worried about this project you can contact the Project Supervisor,
Clare Hocking
Associate Professor
Auckland University of Technology
Ph: 09-921 9162
Email: clare.hocking@aut.ac.nz

If you are worried or have any questions about your rights while you are in this study, you can contact an independent health and disability advocate.

Free phone: 0800 555050
Free fax: 0800 2 SUPPORT (0800 27877678)
Email: advocacy@hdc.org.nz

This study has received ethical approval from the Northern X Regional Ethics Committee. Approval number NTX/09/11/108

Version 3

01/02/2010

Appendix G: Consent Form

Parent/Guardian Consent Form

Project title: ***Family routines and teenage mental health.***

Project Supervisor: ***Clare Hocking***

Researcher: ***Femke Koome***

- I have read and understood the information provided about this research project in the Information Sheet dated 01/02/2010
- I have had an opportunity to ask questions and to have them answered.
- I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- I accept that my child may be supported by a person of their choosing during this interview.
- My child has been given opportunity to have cultural consultation.
- I understand that I may withdraw my child/children and/or myself or any information that we have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- If my child/children and/or I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
- I agree to my child/children taking part in this research.
- I wish to receive a copy of the report from the research (please tick one): YesO NoO

Child/children's name/s : ……

Parent/Guardian's signature : ……

Parent/Guardian's name: ……

Parent/Guardian's Contact Details (if appropriate):

……

……

……

……

Date: 01/02/10

Version 3

Appendix H: Interview Schedule (Parents)

Auckland University of Technology
Master of Health Science Thesis Study
Femke Koome

Some questions that you may want to think about before the interview
Question sheet for parents

- What are the things that the family does together?
- Who does what in relation to family meals, bedtimes, shopping and so on?
- How does the family co-operate routines?
- How do you arrange routines so things get done?
- What is your role in the family?
- Do you do anything to keep the family's routine going?

- In regard to you diary entries, tell me about what happened. Include what you were doing and what the other people at home were doing.
- Please tell me what happened at the weekend.
- Can you think of a weekday/weekend that was different from that? Tell me about that day. What happened?
- Tell me about a stand out day recently. What made it stand out or different?

- In regard to you diary entries, tell me about what happened. Include what you were doing and what the other people at home were doing.
- Please tell me what happened at the weekend.
- Can you think of a weekday/weekend that was different from that? Tell me about that day. What happened?
- Tell me about a stand out day recently. What made it stand out or different?

- Thinking about what you've recorded in the diary, how is this different from when _____was unwell? What happened to the routines?
- How did you want it to be?
- What helped or hindered how you want it to be?
- How about from before there were mental health problems?
- Overall, have the mental health issues changed the family's roles and routines? If so, how?

Date: 01/0210
Version 3

Appendix I: Interview Schedule (Youth)

Auckland University of Technology
Master of Health Science Thesis Study
Femke Koome

Questions to think about for your interview

Question sheet for teenagers

- What are the things that the family does together? (family meals, bedtimes, shopping, hanging out)
- How do things get done?
- What do you do in the family - what are you responsible for?
- Do you do anything to help keep the family's routine going?

- Diary entries: Tell me about what happened. Include what you were doing and what the other people at home were doing.
- What happened in the weekend?
- Can you think of a weekday/weekend that was different from that? What happened?
- Think about a stand out day recently. What made it stand out or different?

- Thinking about what you've put in the diary, how is this different from when you were unwell?
- What happened to the routines?
- How did you want it to be?
- What got in the way?
- How about from before there were mental health problems?
- Have the mental health issues changed how things work in the family? If so, how?

Date: 01/02/10
Version 3

Appendix J: Time Use Diary

Time use diary

Name: _____ Day: _____ term time / holidays

Example	Main activity	Where	Who with	What was it like (experience)
6.30	Woke up, got the kids up	Bedroom, their rooms	(names)	Yuck! Had to yell at them
6.45	Showered and dressed	Bathroom		Calmed down
6.30	Got young ones sorted and dressed	Their rooms	(names)	Got mad, tense, rushing
6.45	Got breakfast and lunches ready	Kitchen	(name)	Nice and quiet, relaxed a bit
7.00	Had breakfast	↓	All the kids	Busy, flustered

	Main activity	Where	Who with	What was it like (experience)
6.30				
6.45				
7.00				

	Main activity	Where	Who with	What was it like (experience)
9.30				
9.45				
10.00				
10.15				
10.30				
10.45				
11.00				
11.15				
11.30				