

# PSYCHOSOCIAL CARING THROUGHOUT THE LIFE SPAN

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## PSYCHOSOCIAL CARING THROUGHOUT THE LIFE SPAN

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# PART 123

## Infancy through Adolescence

It is not only wisdom  
to be wise  
And on the inward vision  
close the eyes  
But it is wisdom to believe  
the heart

*Santayana*

# Introduction to Part 1

This portion of the book discusses the humanism necessary to help people grow and take care of themselves. As you read, you may encounter some new ideas and some that are not so new. Most of the important issues in the care of infants, children, and adolescents are touched upon. The task of selecting and then wading through the literature, clinical reports, and research material and of selecting examples from my own experience was a monumental one. There is a vast amount of literature on child and adolescent development. If an issue is not covered here, the omission is due to limitations of space, not a lack of caring.

Chapter 1 discusses how we, as care givers, evolve into our roles, and it stresses the importance of developing our own caring philosophy.

Chapter 2 focuses on alternative ways of giving birth and on the influence of these methods on parents and child.

The world of the preschooler and the care of children in settings other than the home are discussed in Chapter 3. Family patterns in the United States are changing drastically, and the effect of this on children is discussed in Chapter 4, which also discusses single parents.

Chapters 5, 6, and 7 deal with separation. Chapter 5 presents some of the theory and research concerning helping children and parents deal with loss. Chapter 6 is about separation as a result of divorce. As an aside, I suggest that you read Chapter 7 when you do not feel vulnerable to powerful statements about dying children.

How do we help children learn about caring? Chapter 8 describes a research study in which adolescents were trained to develop one-to-one caring relationships with institutionalized elderly persons. I especially wanted to in-



clude a discussion of a research project for those readers who are interested and/or involved in doing research. Reilley presents the theory behind this research and the actual implementation of the project.

Chapter 9 begins with a discussion of caring for children from racial and cultural groups different from one's own. The remainder of the chapter focuses on studies of sexuality and ethnicity. The seldom-talked-about experience of a child who views parental intercourse and the taboo topic of incest are discussed. The last two topics were included not only because those who work with families are having to deal increasingly with these problems but also because so little has been written on how to help children and families handle these traumatic experiences.

Chapter 10 presents innovative approaches by people working in the real world: a teacher training children to increase their intuitive powers, a child psychiatrist helping children with catastrophic illnesses through peer and self healing, an art therapist using methods that can be adapted to the classroom, and many more.

In these pages you will meet people who "walk among the stars" as they take innovative approaches to holistic health (Juster, p. 108).

Welcome to the world of caring.

# Chapter 1

## THE DEVELOPMENT OF CARING AND CARE-GIVING ROLES

Helen Elena Monea

To care, to love one in the winter  
of despair; a crocus  
Sprouts through—  
Not alone in the garden.

*Helen Elena Monea*

Caring is the primary concept of this book. It is essential to successful care giving and meaningful relationships. Since caring is the major characteristic of the helping professions, care givers must understand the dynamics and development of the caring quality. It is hoped that this chapter will stir your interest in your development as a care giver. How did you evolve in the caring role? What keeps you in the nurturing role? Is your work a satisfying growth experience? In what direction are you going? You can expand your horizons by examining your philosophy, attitudes, and feelings concerning your involvement in taking care of other human beings.

I recall that my own care-giving role began on my first day of kindergarten, and I believe that the quality of caring can be traced back to individual experience.

### THE QUALITY OF CARING

Sobbing could be heard among the many sounds of children playing on their first day of kindergarten. A little girl was standing in a corner looking forlorn; tears streamed down her cheeks as her mother left her to face a new experience in the outside world. I quickly approached the little girl and said, "Don't cry, Harriet,

I'll take care of you." This is my earliest memory of assuming the caring and care-giving role. A cry for help had moved me into action. My own nurturing role developed early.

The desire to assume caring roles can stem from having been nurtured by another human being and from identifying with that person during one's life. The opposite can also happen: Inappropriate nurturing or the lack of a nurturing person can lead to a subsequent need to work through, or compensate for, the missing nurturing in one's life. Some individuals move into caring roles because of a desire to acquire status, reap financial gain, or fulfill parental expectations. Whatever the motivation, the ability and skill of each care giver vary. Some people care without causing the other human being to feel dependent, guilty, or resentful; some care through their listening ability, self-awareness, and respect for the other person's social, public, and personal space. Some individuals are astute observers of behavior but are less adept at direct dialogue and interventions. Others have the gift of disseminating knowledge and developing theories and have less interest in the affective domain.

No one individual is endowed with all the components of caring. My own concern for the quality of care stems from having observed people who were inappropriately placed in the health care system; for example, some people who work directly with patients would be more effective as indirect care givers—in administrative positions, for instance. Others do not belong in or enjoy any caring role.

The concept of caring is the basis of some disciplines. Recently, nursing educators who were aware of the diminishing quality of care or of a lack of care designed courses to teach empathy, which is one aspect of caring. (See Leininger's list of the aspects of caring in Chapter 27.) If a person has not experienced caring in his or her lifetime, empathy is difficult to learn. One way to improve the quality of caring would be to examine the motivations and caring abilities of prospective students.

School systems may fail in the caring quality. Crowded classrooms, archaic educational curricula, and the energy that must be expended on discipline can drain the average teacher. Some leave the profession, while others stay and become increasingly apathetic and/or frustrated. Lepman cites the experience of Marcus, a 6-year-old Australian boy:

"On the first day of school our teacher asked us where we lived. Street and father's name. I stood up and said, 'In Heaven.' 'What number?' asked the teacher, not even looking at me. Then I became angry and I said, 'My father is dead, and in Heaven there are no numbers.' Then everybody laughed! It is terrible when your father is in Heaven . . ." (p. 72).

How can we create more caring situations? Although this is a complex problem, providing positive nurturing experiences during infancy and childhood through appropriate parenting would result in more of the caring that is needed in a technical society. Assisting care givers in coming to terms with their own philosophy of life would also be of help.

## A PHILOSOPHY OF CARING

Having a philosophy of life gives meaning to one's existence and one's work. I have found that certain aspects of existential philosophy fit my own concept of caring and care giving. However, discussing existentialism is like making taffy: The more you stretch it, the more there is to work with, and the stickier it becomes. It is not my intent to explain the intricate dynamics of the existential philosophy; rather, I want to delineate briefly three elements of that theoretical framework which I find to be congruent with a caring philosophy: (1) commitment, (2) responsibility, and (3) the I-thou concept.

### Commitment

Commitment is a basic theme in existential thinking; to make one's life as meaningful as possible and to live as fully as one can, require accepting rather than detaching oneself from joy and sorrow (Clemence). Hammarskjöld viewed commitment as something worthwhile: "How far both from muscular heroism and from soulfully tragic spirit of unselfishness which unctuously adds its little offering to the spongecake at a *Kaffeeklatsch*, is the plain simple fact that a man has given himself completely to something he finds worth living for" (p. 67).

Commitment involves both finding something worth living for and being open to changing ideas, values, and attitudes. All too often, professionals trained in one school of thought commit themselves to a single approach. For example, Freudian-trained professionals are criticized for adhering to theories and approaches that in many instances do not fit the needs of contemporary society. Some professionals—Gaylin, Bowlby, Rush, and Fromm, for example—reject certain aspects of Freud's theoretical structure.

Bühler quotes Freud, who was deeply committed to his theories but who had the courage to give up some aspects of his anxiety theory when he was 70, at which time they were no longer useful: "We must be patient and await fresh methods and occasions of research. We must be ready, too, to abandon a path that we have followed for a time, if it seems to be leading to no good end" (pp. 193–194).

### The Experiential Approach

Holistic care, a recent trend in health care, has great potential. An increasing number of workshops focus on holistic care. The educational system also has the potential to institute changes that will improve learning. As a teacher, I have found the experiential approach, which integrates the affective and the cognitive domains, to be successful. My commitment to experiential teaching came out of the recognition that learning at any age needs to focus on inquiry, motivation, and relevance. The experiential model incorporates the learner's body, mind, and feelings, leading to a more holistic experience. Students usually gain a deeper understanding of themselves and the topic under discussion, and they can identify and solidify their own commitment to caring (Monea).

I continually modify learning experiences to include new concepts that are relevant, and I change the format of the learning experiences to adapt to students' needs as much as possible. Such flexibility increases my knowledge of each student and of my own abilities or limitations, and I attempt to show students that I care about them. They identify with the caring, and often a class cohesiveness develops which increases both sharing and learning. It is a most difficult way to teach because of the emotional involvement. The instructor must always be alert to group process. It is also time-consuming because of the need to collate materials and arrange the environment for the various exercises. This teaching approach requires a commitment and openness to change. See *Instructor's Manual t/a Nursing and the Aged* (Monea) for specific information on, and exercises in, experiential teaching.

## Responsibility

Commitment means responsibility for living fully and meaningfully (Clemence). Individuals who live existentially encounter suffering and adversity, and therefore they need courage to accept full responsibility for their actions. If one teaches experientially or works creatively as a therapist, one must anticipate criticism and/or sabotage from those who do not understand the methods used or who are bound to traditional ways of teaching and working.

In caring, if one is to effectively help another person grow in the relationship, one needs to take responsibility for knowing oneself and also the other person. Mayeroff stated: "To care for someone, I must KNOW many things. I must know, for example, who the other is, what his powers and limitations are, what his needs are, and what is conducive to his growth; I must know how to respond to his needs, and what my own powers and limitations are" (p. 13).

Knowing oneself is important when working with children, for they often perceive the adult's feelings and attitudes before the adult does. The authors of Chapters 6 and 7 tell how they combined their self-knowledge and their knowledge of children in clinical situations involving separation and death. McCue used art to help a youngster express his feelings and to work through the pains of separation caused by divorce. The therapist was aware of her own strengths and limitations during the final phase of the relationship, when the youngster became angry with her because she was leaving. Noonan and Tiktinsky give a sensitive description of children who are facing death and who test out their limitations and strengths in the dying process. A variety of modalities were implemented: art, play, visits, and parent involvement. *Working with dying children requires much responsibility, courage, and sensitivity.*

## I-Thou Relationships

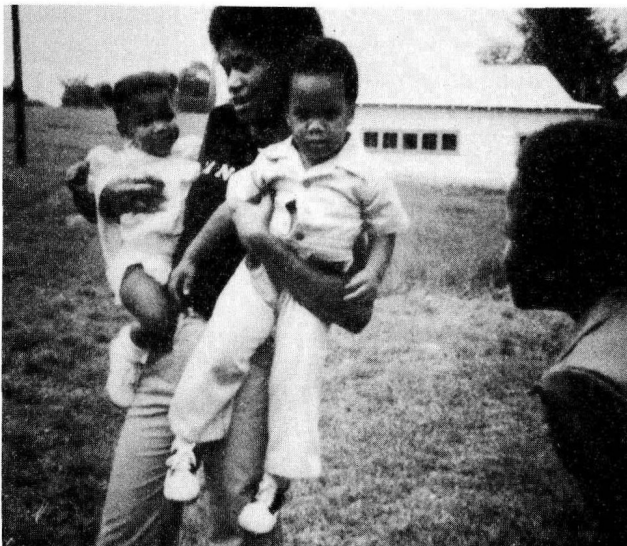
Existential encounters are based on an I-thou level of relationship instead of an I-it level (Clemence). Human beings do not want to be treated as though they were nonexistent or as if they were objects. Relating to people on the humanistic

level instead of the object level improves the quality of the relationship. The person being cared for feels accepted and respected, and trust in the care giver increases. For instance, Marcus, the Australian boy mentioned earlier, was being treated as an object, and the teacher ignored his pain. Moustakas helps teachers develop an I-thou level of caring with students by increasing sensitivity and authentic communication. *Such experiences need to be part of teacher-training requirements if we are to have a humanistic society.* Often children identify with teachers and, as a result, learn attitudes and values that influence their future lives. Opportunities to experience and grow in the caring process are important for young people, who will be the future care givers.

The work of Boldi, a nutrition teacher in Alta Loma, California, is an interesting example. She and her students planned a Hawaiian luncheon for a local senior citizens' club. They spent several weeks studying the nutritional needs of the elderly, and they eliminated from their menu inappropriate items such as nuts or foods containing seeds, which can aggravate denture or abdominal problems. They considered all aspects of their guests' needs, including psychosocial, sensory, and environmental factors. They used flowers and colorful table settings, and they made sure that there was sufficient light. To establish personal contact and rapport, each student greeted his or her own guest with a lei, a kiss, and an "Aloha." Background music was kept at a low-enough level to give a festive air without making it difficult to hear. A door prize of a fresh pineapple was given to each guest so that no one would feel left out.

Adolescents can also develop care-giving roles with youngsters. Some schools have programs under which older students act as tutors, mental health aides,

**Figure 1-1** Adolescents can learn to care for younger children; this helps them gain parenting skills. (Courtesy of Dwain Johnson.)





**Figure 1-2** Romanian preschoolers are taught by staff members to care by looking at, touching, and hugging one another. (*Courtesy of Helen Monea.*)

teachers' aides, or big brothers or sisters. See Figure 1-1. Troubled adolescents who themselves have been acting out or who have learning difficulties often gain self-confidence and increased self-esteem by helping a younger child.

I have observed adolescents helping young children in the educational system in Romania. The first day of school in this socialist country is a joyous occasion; the children are welcomed with music and flowers. On the first day, each first grader is assigned a high school student who will act as his or her big brother or sister for the rest of the year. The older students' interest and excitement are reflected in the manner in which they assume the role of care givers to the younger pupils.

In the preschool Romanian programs, children are taught to learn the caring process through movement and music. Children and staff members work in pairs and, with background music, are encouraged to gaze into each other's eyes and to touch and hug each other. See Figure 1-2. Touching is part of caring in some cultures but is forbidden in others. See Chapters 9 and 29.

Some high schools in the United States offer courses in which students act as care givers of preschoolers in a nursery school located in the high school itself. Students learn practical and theoretical applications of child care. These courses are often offered in conjunction with the study of family life. Students can

discuss, plan, and role-play a marriage ceremony. Resource people, such as marriage counselors and family planning professionals, discuss aspects of marriage and family life. Learning about the responsibilities of adult life and about caring for someone else can help students improve their future parenting ability and the quality of their relationships.

## THE ESSENCE OF CARING

What is the essence of caring? To care for another person is to help that person grow and actualize. Caring is a process of relating to someone, and it involves the development of mutual trust and the deepening of the relationship. This can occur as a parent cares for a child, as a teacher cares for a pupil, or as a psychotherapist cares for a client (Mayeroff).

Gaylin includes love in caring. In order to be loving, we must feel lovable. "The degree to which we are nurtured and cared for will inevitably determine the degree to which we will be capable of nurturing and caring" (Gaylin, p. 45). Gaylin and Mayeroff have identified the following components of caring:

- *Ability to love.* Caring is a form of loving. The ability to care evolves from the experience of being nurtured and cared for. One must feel lovable to be a loving person. Caring about oneself and being able to love oneself are a prerequisite to caring for others.
- *Knowledge.* To care for someone, we must know the other person's strengths, limitations, and needs; who that person is; and how to respond to that person's needs. We also need to know our own powers and limitations.
- *Patience.* Patience consists in giving space and time and in allowing for floundering, confusion, and play.
- *Honesty.* Seeing others as they really are and not as we would like them to be requires being honest with ourselves and those we care for. Our motives for caring need to be examined. As teachers, we need to see students and their needs as they really are, not as stereotypes; we must also avoid using the student-teacher relationships as a means of self-aggrandizement. As writers, we need to be honest enough to examine and develop the ideas of others instead of trying to prove that our own ideas are correct.
- *Trust.* Being honest develops trust. Students trust the teacher if they know the teacher will not try to dominate them, force them into a mold, or overprotect them. Care givers must trust their own ability; teachers must trust their own ability to provide a learning climate; philosophical writers must trust their feelings for relevant ideas that ring true; and parents must trust their judgment concerning when to be firm. If we do not trust ourselves, we will doubt our actions, focus our attention on ourselves, and become indifferent to the needs of others.
- *Humility.* Continually learning about the other person is part of caring; we must never cease learning about others. We must take pride in our own strengths but not glorify them. We must appreciate our own limitations and not resent them.



- *Hope*. We must have hope that the other person will grow as a result of our caring. We must not indulge in wishful thinking or have unrealistic expectations.
- *Courage*. With hope comes the courage to stand by the other person in trying circumstances. Hope and courage are intertwined.
- *Caring for oneself*. All the components of caring for others also apply to caring for oneself. To care for oneself is to be responsive to one's own needs to grow; it is not an egocentric manner. If we cannot care for ourselves, we cannot care for another person.

## THE DEVELOPMENT OF CARING

Gaylin traces the development of caring and loving through developmental processes that are ignored or incompletely developed by theorists such as Freud and Erikson, and he sees *dependency as the gateway leading to the development of the caring ability, with nurturance, attachment, separation, and identification as the developing processes of caring*. The helplessness of the child initiates the protective response of the adult. Being helpless is not the danger; being helpless and *unloved* is. Responding to babies with appropriate physical and psychological nurturance is one way of helping them develop their humanness.

The following are some suggestions for developing a caring role:

- Examine your own philosophy of care giving in light of commitment, responsibility, and I-thou relationships.
- Assist students in examining their own philosophies and their motivations for accepting caring roles.
- Focus on the positive aspects of the person you are caring for—his or her capacity to be human. This does not mean that you should ignore the person's limitations.
- Be a role model for children and adolescents as you encourage and engage them in care-giving roles.
- Take care of yourself. Be aware of your level of energy and of your strengths and limitations. Balance work with play. Overloading yourself by giving too much reduces the quality of the care you can provide.

## Attachment: A Basis of Caring

Attachment is the basis of caring and loving. Klaus and Kennell define attachment as "a unique relationship between two people that is specific and endures through time" (p. 2). In studying mother-infant bonding, they found that behaviors such as fondling, cuddling, kissing, and prolonged gazing indicated attachment and served to transmit affection and sustain contact. Attachment may continue in the adult life of the child even without geographic closeness or physical contact, as evidenced by parents who respond to a cry for help from their sons and daughters after 40 years (Klaus and Kennell).