

GROWTH AND DEVELOPMENT — FOR ELDERS REMINISCENCE, AN UNDERUSED NURSING RESOURCE

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GROWTH AND DEVELOPMENT — FOR ELDERS

Gerontology and geriatrics are young fields of study, and yet the process of aging and the achievement of great age have always been of interest. The saying that "All men would live long, but none would be old" reflects the anxiety that all feel about the observed incapacities of some elders. Dr. Cyril Gryfe (1980) has provocatively stated that "age is no problem until you get sick", making the point that for the older individual, health is the chief concern and prevention the chief process, in maintaining the highest level of wellness possible for the longest period possible.

Developmental Tasks:

Nurses have always been involved with elderly patients in acute care hospitals or in various extended care settings, but like most of the population, they have been slow to recognize that elders are not just middle-aged adults who have been around longer than usual. They have needs and resources distinct from those of middle-aged adults, and they are capable of growth and development. The effective gerontological nurse is committed to the belief, among others, that the elder with an intact psyche is capable of growth and development until the end of his life.

As childhood is a time of expanding resources, of trying out physical behaviors and abilities; and adolescence is a time of trying out various social relationships and styles of interacting; young and middle adulthood is a time of consolidating one's choice of a mate, and of transmitting values through the generation of a new family. The results of these processes thus form part of the unique pattern of Canadian society. In the last phase of life, after experiencing the expansion of youth and the consolidation of middle years, the elder comes to the last phase of conservation of resources: physical, psychological and social.

In this as in previous phases, there are several developmental tasks to be mastered: the restructuring of uncommitted time, complex grief work consequent to multiple and superimposed losses, management of one's physique, and coming to terms with the only life available. Late maturity is not a passive time; to maintain integrity despite the many negative biological and social changes which occur, requires stamina and psychic energy.

Use of Time:

Retirement from the world of work is only the most obvious change, and the precursor of many others. Its effect on fiscal status is well known. What is less recognized is the difficulty many people have with the task of dealing with the uncommitted time made available by retirement. Is it to be regarded as leisure, or as idleness? Is it to be "used", "filled up" or "killed"? Many people look forward to an unending holiday when they can do what they please, when they please; but the paradox is that time and funds do not sufficiently co-exist. In addition, the special quality of a vacation comes in major part from the fact that it is limited and the usual regime, suspended for a time, awaits the vacationer.

Dealing with time is also a psychological task involving values. It is important that activities of value to the individual, whether new or old, be maintained in some satisfying degree. Physical activity should not be reduced; indeed mild increment is advantageous. Exploration of new social activities or expansion of established commitments is possible in an expanded time frame, and helps to establish new roles and contacts to replace those lost through retirement.

What is important in relation to uncommitted time is that a schedule be developed so that the framework of the working day is replaced by a framework which gives pattern and organization to life. This makes the world and one's own life meaningful; it is the abrupt disruption of a life pattern which makes retirement at the 65th birthday so difficult. When this task is inadequately mastered, boredom, apathy and depression are frequent consequences.

Complex Grief Work:

Retirement, whether resisted or anticipated and planned, imposes many losses, as has been indicated. Those whose working lives have been spent implementing plans made by others may have little experience in identifying abstractions such as their values, although they may be superb "trouble-shooters" in their work. Similarly, although middle and upper-management personnel may be excellent at problem solving, it may be difficult for them to recognize that retirement poses

psychological problems unlike those with which they are familiar in their working life. (Bradford, 1979). What is not readily recognized is that many of the losses sustained at retirement are superimposed and the grief work required to resolve the various losses becomes much more complex than that done in earlier life, when losses are usually sustained singly. Fortunately, persons of retirement age increasingly demonstrate resilience and ability to establish substitutions for losses sustained.

When the loss of income, work roles, established activity patterns and some social roles become overwhelming, this close sequence of losses may lead to a pattern of reverberating grief, so that the person is unable to escape the denial — anger — depression cycle identified by Kubler-Ross (1975) and move on to the development of substitutes for losses sustained. As examples, both the senior executive who retains an office on the executive floor although officially retired, and the workman who drops in at lunch time to have a chat with “the boys”, demonstrate difficulty in handling the loss of the work role and its satisfactions. If grief work is not carried out effectively (with or without assistance), the apathy and depression so commonly observed among elders ensues to the major detriment of quality of life.

Development of Ego Integrity:

A third major task of elders, especially the senior elders or the “old-old”, is what Erikson (1975) calls the achievement of ego integrity: the recognition that one has spent most of one’s allowance of life, the reconciliation of accounts, and the coming to terms with oneself. This is a task usually accomplished over a fairly long period of time in a rather sporadic manner. The process of life review (Butler, 1968) occurs episodically throughout life, but when there is an accumulation of regrets for past actions or omissions, there may be grief, guilt or anger that frequently requires help to assuage. The experience of life review and “coming to terms” is most certainly one of growth, frequently leading to a new serenity (Lewis and Butler, 1974).

Physical Management

To deal positively with the onset of physical limitations consequent to long life also requires growth of a different kind. New patterns of activity must be developed, and it takes ingenuity in many cases to circumvent limits imposed by a fractious interior environment, as well as an increasingly complex environment which seems to require expanding proportions of energy to cope with it. Health maintenance must of course be attended to, and this requires knowledge — frequently lacking — about the altered nutritional and other needs of well or ill elders. Though health maintenance surely will take more

time and energy in age than in youth, it should be no more than a part of life's routine, as is toothbrushing during the middle years. The difficulty of doing this in the presence of chronic dysfunction is acknowledged. Middleaged and young people love elders who are interested in the world around them, even if the elders cannot actively participate; this interest in others can reduce the focus on chronic conditions. It is important that elders do not drift into the luxury of concentrating on their physical condition as the focus of life.

None of these four tasks — dealing with uncommitted time, grief work for multiple and superimposed losses, coming to terms with one's life and managing one's physique — is easy. They can be made less difficult by the intervention of knowledgeable nurses on both preventive and secondary levels, since they so strongly affect mental and/or physical health. Because of their long experience in living, elders have many unsuspected or ignored resources which can be used in mastering these special tasks of the last phase of living. In so doing, elders can enjoy that sense of growth, development and consequent vitality which makes for the wholeness which some call self-actualization (Maslow, 1971) and some call ego integrity (Erikson, 1975).

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REMINISCENCE, AN UNDERUSED NURSING RESOURCE

The garrulous old woman and the repetitious old man are well known, and may be avoided in gatherings of elders, whether they are in the community or in institutions. Yet such persons present us with a resource for nursing care which can be therapeutic in the highest degree. The reminiscences of elders serve many purposes and can be used to enhance the self esteem of the reminiscer; to share in the sense of belonging to a specific time or place in the long chain of human development; and to enlarge the professional's understanding of the past and its influence upon the current cohort of elders. As the future of the elderly person clearly becomes foreshortened, each person engages, covertly or overtly, effectively or ineffectively, in a process of life review. Reminiscence forms a major part of this review. It is a process which cannot be completed in a hurry, and which may require considerable assistance, particularly if there are feelings of guilt or strong regrets for actions not taken. Effective reminiscence, silent or otherwise, contributes much to a measure of that serenity which can be said to reflect ego integrity.

The achievement of ego integrity is according to Erikson (1963) the final task of (mature adult) development. It is described as the coming to terms with one's only life, and acknowledging the rightness of the life that has been lived (p. 268-9). One of the major purposes of reminiscence as a part of the life review process is to discern "consistency and purpose" throughout the lifespan of the reminiscer. To perceive the pattern in the life lived gives it meaning and as Frankl (1970) so eloquently indicates, man can tolerate almost any fact or circumstance if he can discern meaning in it. Other purposes of reminiscence may be to instruct the young, to ensure that something of the valued past will be carried into the future; to make retribution for regretted actions; to affirm the value of one's contribution to society and to have this confirmed by another; and to maintain self-esteem.

The purpose for which guided reminiscence is undertaken affects the nature of the activity. Individuals can be encouraged to review their own lives by developing a written or tape-recorded autobiography, assembling and ordering family photographs, renewing contacts which had lapsed with school friends or family members, or returning to locations of past significance. Discussion and exploration of the feelings aroused enhances the process. Some of these mechanisms are possible within the services available in a permanent residence. Reminiscence usually requires encouragement at first, but

frequently develops a momentum of its own. Sharing of information and exploring feelings aroused, enhances the effectiveness of the life review by strengthening the sense of identity, of continuity and of sharing the past with younger people. Marshall (1977) has identified that when life review is intensive and ranges over the whole life span, it is seen as a positive experience. Ebersole (Burnside, chap. 18) suggests that sharing group experiences common to all such as war, flood, depression, first job and pay cheque, begins the process of re-establishing identity and increasing self-esteem, especially when it is undertaken in groups. Important memories are not shared readily at first, for they are part of oneself and the sharing makes one vulnerable to the opinion of listeners. Until trust is established among members, group reminiscing remains general and relatively superficial. This, however, serves the purpose of facilitating socialization, noticeably absent between residents in most long-term care agencies, and prepares them for the more intimate task of life-review.

The style and content of reminiscence is revealing, as McMahon and Rhudick (1964) indicate. Their population of healthy, community-living Spanish-American War (1898) veterans whose average age was eighty-four, displayed a clear pre-occupation with the past, with practically no references to the future; the extent which they engaged in reminiscence was not related to level of intellectual competence. There were those who negatively compared "today" with "yesterday", reflecting some sense of invulnerability and strength derived from vigorous origins; while some recounted hair-raising escapades, perhaps another reflection of the sense of being a rather unique "survivor" and thus unusual; others "raised" repressed material for review and "worked it through"; still others were storytellers, as distinct from those who recounted escapades in their evident desire to contribute their knowledge of the past to social history, without negative reflection on the present. This sense of contributing significantly to the present through the past seemed related to self-esteem and successful adaptation to age, for these storytelling men were neither depressed nor did they deny the defects of old age. The ability to reminisce in itself seems to contribute to physical as well as mental health in age; the men who had the most difficulty in reminiscing were found to be the most depressed among these veterans, and they died at a significantly higher rate than the reminiscers, in the year following the interviews.

Nurses working with elders who are active or house-bound in the community or who are in institutions, can be of considerable service to these elders and their available families by helping them to review

their lives through reminiscence. This is not necessarily part of a preparing-to-die process; Havighurst (1972) claimed that reminiscence is "universal at all ages after middle childhood" which he places around ten years of age. Responding to or stimulating reminiscent conversation can be done informally during meals or treatments, or can be structured through the use of groups of not more than ten. Thoughtful listening to repetitious comments of the garrulous or confused person may reveal themes reflecting the intolerable contrast between the present situation of incapacity and times past when the person was competent and/or much beloved. Such themes can supply a starting point for raising self-esteem and possibly restoration of some degree of improved capability.

The ways in which reminiscence can be encouraged are limited only by the individual's readiness to participate. Some persons prefer to review their lives alone and this is to be respected and facilitated; more people prefer to share and in doing so receive and give affirmation of identity and worth. Reminiscence is a useful strategy for assisting elders in the process of life review, through which they may retain identity, maintain self-esteem, cope with unresolved distresses and contribute significantly to the present.

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RÉSUMÉ

La croissance et le développement des personnes âgées

Selon cet article, les personnes âgées sont capables de croissance et de développement tout au long de leur vie. La troisième étape de la vie se caractérise par la conservation des ressources alors que les jeunes cherchent l'expansion et les moins jeunes la "consolidation".

Même si leurs ressources doivent effectivement être conservées, les personnes âgées doivent faire face à quatre tâches majeures: la restructuration du temps qu'il leur reste; l'affliction qui est plus complexe qu'aux autres moments de la vie parce que l'on subit de nombreuses pertes de façon simultanée plutôt que successive; les soins du corps; et l'acceptation de sa vie (il faut arriver à l'autointégrité d'Erikson).

Les infirmiers et infirmières, aussi bien de premier que de second niveau, peuvent aider les personnes âgées à accomplir ces tâches étant donné qu'elles affectent gravement l'état psychique et physique des gens. Les personnes âgées ont de nombreuses ressources qui peuvent servir à maîtriser ces tâches et leur permettent d'éprouver la satisfaction d'avoir réalisé quelque chose.

RÉSUMÉ

La réminiscence, une ressource insuffisamment utilisée en nursing

Cet article suggère que la réminiscence chez les personnes âgées est une excellente stratégie pour renforcer le processus d'examen de la vie.

Ce genre d'examen vise plusieurs objectifs: (1) discernement d'une identité constante tout au long de la vie de chaque être humain, (2) inculcation aux jeunes des valeurs du passé, (3) partage de son expérience et affirmation de la valeur de sa vie, (4) récompense des actions du passé que l'on regrette et (5) maintien de l'estime que l'on a de soi-même.

Cet article aborde divers moyens d'encourager et de diriger la réminiscence, moyens qui conviennent aux interventions de nursing: séances de groupe commençant par des sujets d'intérêt public allant progressivement vers des renseignements d'ordre plus personnel, agencement des histoires de famille, examen de photographies et d'objets de famille; examen de ses anciens amis, en expliquant "comment c'était" aux jeunes bénévoles qui s'intéressent au passé. Il est bien précisé dans l'article qu'il ne s'agit pas d'un processus de préparation à la mort, mais plutôt de quelque chose qui permet de mener une vie plus sereine jusqu'à la mort. Si ces souvenirs provoquent un certain désarroi chez certaines personnes âgées, il convient d'aider celles-ci à surmonter cette crise en s'attaquant à la source de leur désarroi.

L'évocation des souvenirs n'est qu'une stratégie permettant d'aider les personnes âgées à faire le bilan de leur vie. Ceux qui n'y tiennent pas ne doivent pas y être forcés; au contraire, ceux qui tiennent à partager leurs souvenirs peuvent par ce moyen conserver leur identité et l'estime qu'ils ont d'eux-mêmes tout en contribuant et à leur vie présente et à l'avenir.