

A DEVELOPMENTAL PERSPECTIVE ON THE NURSING DIAGNOSIS OF FEAR AND ANXIETY

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*A Response to "Nursing Diagnosis: Differentiating Fear and Anxiety",
by Dorothea Fox Jakob and Phyllis Jones**

Jakob and Jones are to be applauded for the clinical base in which their research is couched for it is here that the ultimate answers to the question they pose lie. Having been faced with a parallel conundrum in trying to define and differentiate between stress and strain (Burke, 1978), may I suggest that the nursing usages of fear and anxiety will probably be somewhat unique and thus not completely consistent with conceptualizations found in the various theoretical camps of other disciplines. Having learned what we can from our colleagues in other fields we must move to make our own definitions as Jakob and Jones are doing.

This response to "Nursing Diagnosis: Differentiating Fear and Anxiety", will be limited to what developmental theorists, researchers and experts on the nursing of children can offer in the clarification of the relationships between fear and anxiety. This exploration has generated an additional hypothesis, expanded the range of nursing interventions and provides some possible strategies for clinicians.

SEQUENTIAL DIFFERENTIATION IN THE DEVELOPMENT OF EMOTIONAL RESPONSES

From the work of theorists who subscribe to the theory of sequential differentiation in the development of emotional responses, an additional tantalizing hypothesis on the relationship between anxiety and fear can be generated. These theorists believe that all emotions are elaborations of the only two (or perhaps four) emotional systems which are present at birth (Dunn, 1977). Thus, it is possible to deduce that anxiety appears earlier than fear and as such is a more primitive

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ty was to review all the materials, particularly print materials, for logic, sequencing, coherence and unity. The editor also formed a key link between the author's final manuscript and the physical production of the materials. The developmental process of the course was a large-scale operation and took up to six months to complete, not including physical production. Much of the time was taken up in preparing instructionally sound material that was sufficiently structured in nature to allow it to be learned in a setting much less structured than a classroom with its live instructor.

Besides being a stimulating interdisciplinary exercise for faculty from the two universities, the students benefitted from the best of a number of worlds. Disagreement inevitably arose during the course development and, if consensus and compromise could not be reached, the decision was usually deferred to the subject-matter consultant. However, given both institutions' dedication to effective teaching and a client-centred perspective, disagreements were infrequent and usually handled easily. The faculties of both institutions seemed to realize that high quality content was a necessary but not sufficient condition for effective learning.

IMPLICATIONS

What has this collaboration meant to both institutions and what does it mean for the future? On a general level, the commitment to explore each other's fields, experience the problems and probe for solutions, has resulted in numerous useful insights for both institutions. Overspecialization often results in irrelevance, stagnation and inflexibility at a time in our educational history when adaptability and diversity are more important than ever (Glenny, 1980). More specifically, we have come to recognize how important it is for cooperation, that both institutions are committed to a socially-relevant, action-based philosophy of higher education which is reflected in a dedication to effective teaching. At the moment we are attempting to complete the rest of the non-clinical courses for the nursing program. The next large test of collaboration may take place when we consider clinical teaching out in the field, possibly with some sort of decentralized internship.

There are a number of other approaches to be taken now and in the future to increase accessibility to professional education for the adult learner. We are told that we shall soon have a computer in every home (Toffler, 1981) and computer-based instruction courses are presently being developed by many faculties. Satellite transmission is being used by an increasing number of educational institutions. Telidon is an information-retrieval service presently being explored, which promises to answer a telephone request for information from data banks by displaying it on your television.

The advantages in using such non-traditional methods are many. The most obvious one is the facilitation of post-diploma education of nurses, thereby increasing the numbers of B.Sc.N. prepared nurses in the field. In addition, because limited institutional and faculty resources are real problems in expanding existing programs to accommodate these students, we can take encouragement from the knowledge that on-campus education is not the only way to go.

Experience with post-diploma students has shown us that they are an incredibly competitive group of students, mark-conscious and, consequently, quite anxious. We believe that individual, self-directed course work will eliminate exposure to rampant infectious anxiety thus encouraging more "personal best" work. Another potential advantage is that the courses presented through Athabasca University and through other alternative routes will be standardized, thus eliminating the problem of differences between sections of the same course.

There are some disadvantages to be considered. We are well aware of the need for the nurse student to be socialized over time into baccalaureate thinking, socialization which, of course, will not occur quite as thoroughly with reduced group work in courses and reduced exposure to nursing faculty. On campus, we encounter students who have difficulty integrating content from course to course, seeing associations and relationships, and discovering patterns.

It is our contention that the education of the adult learner in professional faculties needs to be approached in a creative, innovative manner, a manner which takes into consideration the unique characteristics of adult learners and their unique social, professional and personal situations. Distance learning such as that which is offered by Athabasca University is one such approach.

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RÉSUMÉ

Collaboration des universités à la formation universitaire des infirmiers

Il est de plus en plus admis que des études supérieures au niveau du baccalauréat sont souhaitables pour un nombre croissant d'infirmiers. Toutefois, l'adulte qui cherche à parfaire sa formation professionnelle possède des caractéristiques uniques dont doit tenir compte l'établissement qui offre ce genre de programme. Le système actuel qui exige que les infirmiers suivent des cours à l'université ne convient pas à ces derniers en raison des nombreuses contraintes auxquelles ils sont soumis. Il convient d'étudier des méthodes pédagogiques novatrices afin que l'adulte puisse obtenir son baccalauréat tout en s'acquittant de ses multiples responsabilités d'ordre professionnel, familial et personnel. La faculté des sciences infirmières de l'université d'Alberta a mis au point, en collaboration avec l'université d'Athabasca, des cours de nursing non clinique. L'université d'Athabasca à Edmonton est un établissement de cours par correspondance unique en son genre. Les étudiants n'ont pas besoin d'assister aux cours et ils travaillent à la maison avec l'aide d'un professeur particulier de l'université d'Athabasca. La faculté des sciences infirmières de l'université d'Alberta a fourni un expert-conseil pour ce qui est du contenu des cours tandis que l'université d'Athabasca a fourni les autres membres de l'équipe: un directeur de programme, un concepteur pédagogique, un concepteur visuel et un éditeur. Le fruit de cette collaboration est que, désormais, les étudiants peuvent suivre la majeure partie de leurs cours hors campus, ce qui facilite la tâche à un nombre croissant d'infirmiers et infirmières de métier.

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changes and the like) with the pleasant associations with mother, peers or a trusted nurse. Simultaneously the child is socially rewarded for inhibiting the fear response. The cognitive element of this approach removes the element of the unknown and thus reduces in scope or number the objects or situations to be feared. Through adult and peer modelling, these strategies teach more mature responses to confrontations with the objects and situations feared.

Purer applications of extinction procedures are well documented to be effective by research. Mussen, Conger and Kagan reviewed successful extinction procedures with fears of white rats and the dark (1969, p.351).

Peer modelling from social learning theory has also had research demonstrations as reviewed by Roedell, Slaby and Robinson (1977). "Children may overcome long-standing fears by observing other children behaving courageously" (p.60). Initially fearful children become more willing to play with dogs, cheerfully undergo dental examinations or increase rates of social interaction through the use of peer modelling techniques.

Murphy's classic social interactionist studies in *The Widening World of Childhood* (1962) suggest an even more complex path toward dealing with fears in toddlers and preschoolers as a "combination of external rewards, self-esteem, status in the eyes of both adults and children, combined flexible support of her mother, contributing to the development of control which used stoical inhibition and temporary denial along with active solicitation of reinforcement through telling of her achievement" (p.181).

Although not based in research findings, it would be remiss if holistic approaches were not mentioned in this potpourri of nursing interventions. Burnside, Ebersole and Monea report on Jampolsky's unpublished work with children who had life threatening illness. The central notion was that eliminating fear would bring "inner peace". A loving, sensitive, non-judgemental, accepting environment was created where the children talked about fears of dying, imagined what it would be like to die and used mental imagery to come to terms with death (1977, p.162). With further documentation and research holistic approaches may yield some additional elements to the management of fear.

THE SPECIAL CASES OF SEPARATION AND STRANGER ANXIETY

It is beyond the scope of this response to the Jakob and Jones's paper to re-examine stranger and separation anxieties which are so pervasive

in the study of children. However, some caution is warranted in their use as anxiety in the sense of a nursing diagnosis. First, the concepts come to nursing from another discipline and, secondly, they were coined some years ago (Robertson, 1953 and Bowlby, 1961). As such, the fit with emerging uses of fear and anxiety by nurses may not be good. Furthermore, it is increasingly recognized that these responses are not universal, nor are the ages of onset and disappearance of the phenomenon as fixed as initially thought (Dunn, 1977).

CONCLUSION

It is clear that considerable progress has been made in sorting out the intricacies of the relationships between fear and anxiety. If definitive answers are slow in emerging, we are not alone as our colleagues in other behavioural disciplines are experiencing the same difficulties.

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