12-1-2012

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Abstract
Developmental theories were applied to people in late adulthood at a nursing home during weekly service-learning visits to fulfill a requirement in a human development course at Xavier University of Louisiana. After four months of observation, it was found that theories normally applied to children could also be applied to the elderly. In addition, theories that were intended for people in late adulthood produced accurate predictions on behavioral outcomes. The findings suggest that specific stages of cognitive development of the elderly population who reside in a nursing home environment are consistent with specific developmental theories. The theories can be applied to elderly people socially, mentally, and physically.

Key Terms:

- Late Adulthood
- Scaffolding
- Age Stratification
- ZPD
- Developmental Theories

Simone Walters is a Psychology major and Biology minor from Los Angeles, CA. Walters graduated from Xavier in May of 2012 and is currently employed as a phlebotomist/ patient liaison at a primary care office in New York City. She plans to focus on her current research interests while attending nursing school, and she looks forward to continuing her education in graduate school with a focus in nutritional science. Walters' research interests include how long term lifestyle choices such as diet, exercise, community involvement, spirituality, and social interaction influence the outcome of individuals in late adulthood, physically, cognitively, and emotionally.

Being a participant of service-learning at St. Margaret's Nursing Home in New Orleans, Louisiana for a human development course has provided me with valuable insight on behavioral patterns of individuals who are in late adulthood. It has enabled me to gain a more accurate perception on the ways in which elderly people deal with the outcomes of aging. Through my experiences at my service-learning site, St. Margaret's, I had the opportunity to observe several theories unfold. The theories I observed were Lev Vygotsky's sociocultural theory, the last stage (ego vs. despair) of Erik Erikson's psychosocial theory of development, and various aspects of age stratification theories.

Lev Vygotsky, a Russian psychologist, developed two major concepts that branched from his sociocultural theory, called the zone of proximal development (ZPD) and scaffolding. The basis of sociocultural theory is that society and culture have a strong influence on an individual's success in developing cognitively. The zone of proximal development states that social interactions with a more cognitively developed adult help to increase the cognitive development of a child (Blank & White, 1999; Chaiklin, 2003; Kozulin, 2004). The gap between the child's ability to perform the task unassisted and the ability to perform the task after receiving assistance from an adult is bridged, and the child acquires a new cognitive skill. The scaffolding process takes place when an adult demonstrates for the child how to perform a certain task (Puntambekar & Hubscher, 2005). Gradually the individual who is receiving assistance with the scaffolding method (the child) will become more capable of completing that certain task, therefore decreasing the range of their need for assistance from the more cognitively developed person (the adult). Vygotsky believed that in order for an individual to learn and develop cognitively, it is vital to receive assistance from a more capable individual (Feldman, 2009). Vygotsky's zone of proximal development and scaffolding are usually applied to child development; however, I applied these theories to elderly adults because I noticed that people in late adulthood tend to become physically and mentally dependent on more capable individuals in a way that mirrors children. All names in this paper have been changed in order to protect the privacy of the individuals that I spent time with at the nursing home.

An instance when I observed Vygotsky's theory at work was when I visited St. Margaret's Nursing Home. I attempted to utilize the technique of scaffolding with an elderly man named Mr. Jackson. By working with Mr. Jackson, I confirmed that Vygotsky's zone of proximal development theory can be applied to individuals in late adulthood. Mr. Jackson had been rehabilitating from a stroke for a few months. When I met him, he had been working on re-learning how to use the right side of his body because the stroke had partially paralyzed him. The stroke also impaired Mr. Jackson's ability to communicate effectively.

I obtained a copy of a local newspaper, the *Times-Picayune*, and asked Mr. Jackson if he wanted to read it to me aloud, which was an exercise that his therapist supported. He was struggling to get the words out (this is when I assessed his ability unassisted), so we practiced sounding the words out. Sometimes he took breaks and I would read to him, but he read with me the majority of the time. Mr. Jackson especially had difficulty articulating his words, such as when he attempted to say "expect," the "x" and "ct" sounds were difficult for him to pronounce. We read for almost an hour and even though I knew that it would take time for Mr. Jackson to be able to speak clearly I noticed that practicing with him for that hour was something that he thoroughly enjoyed which seemed to motivate him. I also noticed a gradual improvement in the way he pronounced his words after a few weeks of work,

so there is a possibility that if he practices with a good phonetic reader, his speech may improve. When Mr. Jackson tried to say the word "downtown," he had difficulty getting the "d" and the "t" sounds out. The "own" portions of the word were clearer than the "d" and the "t", but it would be hard to distinguish the "own" sound if I didn't know what he was trying to say. I exaggerated my facial movements while saying the word out loud slowly to give Mr. Jackson a visual reference on how to exercise his facial muscles as he said the word.

Mr. Jackson's ZPD was the range of his ability to speak clearly, specifically word pronunciation. After being provided with assistance, he completed the task of reading out loud, which was a form of scaffolding. According to his therapist he has to be taught as if he was learning to read out loud for the first time. Through my experience with Mr. Jackson, applying the zone of proximal development theory and scaffolding with elderly adults that have experienced issues with communication as a result of a stroke can be a successful method to rehabilitate their speech skills.

During my next visit to St. Margaret's, I brought a book that I thought would be easier for Mr. Jackson to read out loud as opposed to the newspaper we read in my previous visit. The book was designed like a children's book, but it was for adults. *Go the F--k to Sleep* was written by Adam Mansbach about parents trying to get their restless children to go to sleep. I chose this book for two reasons. First, it is easy to read and short. I wanted Mr. Jackson to be able to read an entire book independently so that he would feel accomplished. Second, I thought Mr. Jackson would think the book was funny, which could potentially increase his desire to read. The goal was to increase Mr. Jackson's ZPD. He was especially entertained when he could not pronounce the word "f--k." He was able to get the "uhh" sound out, but not the "f" sound or the "ck" sound. This is because the

"f" and the "ck" sounds required him to move facial muscles that needed to be strengthened. When we got to the end of the book he forced the word "f--k" out. Even though it was drawn-out, he pronounced it better than he did in the beginning of the book. This was due to the fact that he improved his pronunciation of the "f" sound.

Overall, the clarity of Mr. Jackson's speech improved slightly since my last visit with him (two weeks prior) when we read the newspaper. This outcome partially took place because the reading material was not as difficult; but even with that factor considered, Mr. Jackson's speech had improved slightly, increasing his ZPD. Mr. Jackson needs assistance from a more capable individual to re-learn how to speak clearly. Mr. Jackson's pronunciation noticeably improved after a few weeks, which implied that he was capable of successfully articulating his words with continued assistance and practice. He is not yet able to fully organize and pronounce words independently. However, he experienced success when I told him to watch the movements of my mouth and say the words with me.

Another area that I was interested in analyzing regarding elderly people was personality differences. Erik Erikson formulated a theory that consisted of eight stages of psychosocial development that occur throughout a person's lifespan. They consist of the stages: Trust vs. Mistrust, Autonomy vs. Shame and Doubt, Initiative vs. Guilt, Industry vs. Inferiority, Identity vs. Role Diffusion, Intimacy vs. Isolation, Generativity vs. Stagnation, and Ego-integrity vs. Despair. Generativity vs. Stagnation occurs during middle adulthood. These adults may enhance their environments socially and professionally, which places them in the Generativity phase. On the other hand, people in middle adulthood may experience Stagnation, which is when they do not enhance their environment (Pratt, Danso, Arnold, Norris, & Filyer, 2001; McAdams & Logan, 2004;

An & Cooney, 2006; Pearson, 2006).These phases (Generativity vs. Stagnation) lead into the Ego-integrity vs. Despair stage. The Ego-integrity vs. Despair stage occurs during late adulthood. The Ego-integrity outcome is experienced by people who feel accomplished and content with their lives because they have moved on from generativity. In contrast, people who are not fulfilled experience the despair outcome, and when they reminisce on the life they have lived, they are displeased (Feldman, 2009).

I applied the last stage, Ego-integrity vs. Despair, during one particular instance when I visited St. Margaret's. During the visit I met a woman named Louisa. She was excited to hear that I was a college student and briefly told me about some of her experiences as a midwife. It was very obvious that she felt accomplished. She mentioned how wonderful she felt every time she helped to deliver a baby because she was bringing a new life into the world.

Being that Ms. Louisa experienced generativity due to enhancing her environment through her profession, she moved into the ego-integrity phase as an elderly person. Her profession as a midwife and her fulfilling marriage made her feel like she had made a contribution to society and that it gave her a sense of purpose. She went on to tell me about her marriage to her late husband that lasted fifty-six years. Even though she made it clear that her marriage was hard work, she said that she was still in love with him after all of those years. Louisa's personality development according to Erik Erikson's theory had an ego-integrity outcome because she was very satisfied with her life. She mentioned that talking about the experiences of her life made her feel a sense of contentment without any remorse.

During my next visit to St. Margaret's, I sat down next to a woman named Mrs. Reynolds who was staring out of the window. When I asked her if she was okay, she looked at me with a solemn expression and told me that she had been waiting for days for her son to pick her up. I asked her when she originally expected him to arrive, and she said last week. I walked over to the nearest nurse and asked her about the woman, and the nurse told me that no one was due to pick her up. I went back and sat with the woman and attempted to carry on a conversation with her, but she seemed really uninterested. Through a brief conversation with Mrs. Reynolds I learned that she had not seen her son in years.

The last time she had spoken to her son, they had gotten in a major argument over the woman he was marrying. Apparently, Mrs. Reynolds did not approve of her because she felt that she was only after her son's money, but her disapproval of his wife caused a division between Mrs. Reynolds and her son. Mrs. Reynolds mentioned that she had regrets not trying harder to get along with her son's wife because it severed her relationship with her son. She wanted to reach out to her son and make amends, but she felt that so much time had passed and that it was probably too late, so she was coping with her situation. She said she had received letters from him years ago, but he had not visited her in a long time and it was all her fault. During the time that she received her son's letters, she was still very upset about the woman he chose to marry, and she never wrote back. She said that she would continue to wait for him to come visit her.

Mrs. Reynolds was experiencing the despair outcome as discussed in Erik Erikson's theory. In the earlier phases of adulthood, Mrs. Reynolds dedicated the majority of her time to being a housewife and mother. She never pursued a professional career, she said that she wished that she had done more for her community, and she also mentioned that her social life was just mediocre. In addition, she missed the chance to be close to her son by judging the intentions of his wife and refusing to get along with her. Mrs. Reynolds had moved from stagnation in middle

adulthood into the despair stage in late adulthood. Mrs. Louisa and Mrs. Reynolds demonstrated Erik Erikson's last stage of psychosocial development (Ego-integrity vs. Despair). Mrs. Louisa is an example of the Ego-integrity because she was happy with her life, and Mrs. Reynolds exemplified despair because she was having extreme difficulty with the way she chose to live her life and felt remorse over her situation with her son and his wife.

Another approach that I took during a visit to St. Margaret's was applying the age stratification theory. This theory explains the status of individuals according to the phase of their life. People who are in the late adulthood phase experience a decrease in supremacy, respect, and financial resources. According to age stratification, elderly people are seen as unimportant and unproductive because younger people no longer need them and technological advances make the elderly seem dated and incapable of certain skills (Cohn, 1982; Macionis, 2001).

I applied the age stratification theory when a few of the elderly people were watching *Wheel of Fortune* in one of the activity rooms at St. Margaret's. The television that they were watching the show on was fairly new. One of the residents named Mr. Doyle was interested in changing the channel. He was really frustrated because not only was it hard for him to press the small buttons on the remote control, but he did not know how to operate the remote control. I asked him if I could help him, but he did not want my help. He wanted to work the remote on his own. Gradually, some of the other elderly individuals in the room were also ready to watch something else and asked Mr. Doyle what the hold up was. Mr. Doyle, in total discontent, snapped at me saying, "Oh just work the damn thing for me youngin'!"

Mr. Doyle's frustration can be attributed to his sense of control being challenged and having feelings of incompetence by not being able to work the remote properly. He was not technologically up to date. I attempted to show him how to use the remote, but he was no longer interested. The other elderly people in the room made fun of him, which made him even more frustrated. I asked him if he was ok and his comment made it seem like he didn't feel respected or appreciated. He said "If TV's had the same dial that they used to instead of all of these unnecessary controls and buttons I could work the damn thing! Who needs all them damn buttons anyway? No one is really going to use them! And these people are rushing me!" After my experience with Mr. Doyle, I came to the conclusion that the age stratification theory is accurate. Mr. Doyle was technologically behind, which made him feel incapable as an older person and feeling incompetent made him lash out at myself and others.

Prior to my service-learning experiences at St. Margaret's Nursing Home, I believed the majority of elderly people in nursing homes were depressed, incapable, discouraged, and mistreated by the staff. I was wrong in making these assumptions. There were many elderly individuals who will improve their abilities because they have the desire to do so, especially with the assistance of someone who believes in them. Even though there are elderly people at St. Margaret's who are unhappy and appear to have lost some, if not all hope, I have come to the realization that the majority of the elderly population at St. Margaret's consist of people who are happy to be there because they are receiving assistance and positive attention from the staff. I also realized that I generalized elderly people as a group instead of appreciating them as individuals who are very different in cognitive abilities, personalities, and their feelings about the world around them.

Mr. Jackson had a lasting influence on my perception of elderly people that are dealing with mental and physical impairments due to a serious

health condition because I didn't expect him to be that patient with himself, nor did I expect him to be in such great spirits. My experience with Mr. Jackson applying Vygotsky's zone of proximal development theory and scaffolding showed me that these methods can be implemented with elderly adults instead of children exclusively. This caused me to become more open minded about applying developmental theories to different age groups of people, even when the developmental theory may be intended initially for a specific cohort.

Speaking to Mrs. Louisa made me less fearful about becoming an elderly person. Her upbeat personality made me have a better understanding of how positive people can be in late adulthood if they are satisfied with the way they have lived their life. On the other hand, speaking to Mrs. Reynolds made me aware of what I should avoid as I am approaching my professional career. She also made me feel that I was on the right track, because even though I would like to be married and have a family one day, I am excited to know that I will soon be a nurse practitioner helping others to live a healthy lifestyle, which I believe will be a rewarding experience. I will also make certain that my relationships with family and friends continue to be some of my top priorities.

Even though many of the elderly individuals at St. Margaret's are patiently waiting to be visited by their family members, the affection that is displayed by the staff towards the elderly has changed my perception on what the elderly experience in nursing homes. In many ways, St. Margaret's provides a family-like environment for elderly people, and this approach encourages them to remain positive about life regardless of the misconceptions that exist about people in late adulthood. It is important for members of our society to spend more time with elderly people and begin to appreciate their true worth. They have a lot of wisdom to share with younger generations, and they are much more capable than many people realize.

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Acknowledgements