

Responses to Spring 2013 Editorial, “Is Infantilization Ethical? An Ethical Question for Gerontologists”

From: [MaryKaren Reid](#)
Sent: Thursday, March 28, 2013 5:57 PM
To: 'smarson@nc.rr.com'
Subject: Infantilization of seniors

Hello:

You asked if infantilization of seniors is elder abuse – I don't know if I would go that far, but I know that some of them find it offensive.

I met an elderly lady, a patient in acute care, who was living in a nursing home and after I addressed her as “Miss ****” she said something to me that I will never forget. She said “I worked for 30 years as the executive assistant for the mayor's office in *****. I had a lovely apartment, and threw brilliant parties, where important people attended, and I was Miss ****. Now I live in one room and I'm “Sweetie” or “Honey” or called my first name. I have lost everything.”

Many people who are elderly were taught to always call those older than themselves Mr. or Mrs. and expect the same courtesy now that they themselves are aged. I believe that calling elderly patients by their first name is a false intimacy, diminishes them, and also emphasizes the power differential between the patient and caregiver. I'm not sure that it is abusive but it sure as hell is rude and disrespectful.

You may publish my comments, if you wish.

regards

m-k

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From: [Julie Weckel](#)
Sent: Saturday, March 30, 2013 1:45 PM
To: smarson@nc.rr.com
Subject: response to article

Dear Stephen M. Marson, Ph.D.,

In your editorial “Is Infantilization Ethical? An Ethical Question for Gerontologists,” I found myself wholeheartedly agreeing with you. Twenty years ago as a new BSW I worked in a long term care facility and found myself irritated with the manner in which many direct care staff addressed the residents in their care. I tried then to educate staff on respect and dignity issues for the elderly but I'm uncertain how much of an educational impact I made. I am now a MSW who specializes in clinical work with the elderly in their home environment. I continue to voice my thoughts when I encounter professionals who interact with the elderly in an infantile manner. I expect many of them have learned to curb their words and actions when I'm about. I've tried working with my clients to empower them so they may make their wishes known on how they wish to be treated and referred to in conversation/interaction. Being dismissed by family, caregivers, physicians and others who they encounter on a daily basis simply due to their age or infirmity has a direct negative impact on a person's self of self, strength, efficacy and mood.

To your point of abuse of the elderly I find myself considering the realities of systems that monitor behaviors and uphold laws intending to protect vulnerable adults. I have made many reports to the state Adult Protective Service (APS) agencies over the years. I find them understaffed, overworked and in great demand with issues ranging from self-neglect due to dementias' to truly atrocious treatment and conditions that

lead to trauma, hospitalization/institutionalization and death. With that in mind I am confident if I were to report to APS a situation where an elderly person was subjected to being treated as a child the case would not be opened even if it were in a care facility. This does not dismiss your points or my observations over the years about the harm infantilization can create with a person.

I would suggest instead of reporting or classifying 'abuse' a campaign to educate professionals and non-professionals alike to the negative impact of such behavior. Let us teach the elderly how to voice their preference of treatment and address. Let us empower family members to speak up for those who are unable to speak for themselves and let us help those who work with the elderly recognize and understand better ways to interact with others that is respectful and provides for dignity.

Social workers are steeped in social justice: Let us bring forward this issue with advocacy, education and partnership with industries best positioned to support our efforts.

Thank you for making this issue an issue with substance simply by talking about it. You certainly hit close to my beliefs and I wish you well in your endeavors. Please feel free to use and share the contents of this email as your work on this important issue. If you have any need for clarification please feel free to contact me.

Julie Weckel, LMSW, ACSW
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Support and Services for Older Adults

-----Original Message-----

From: [Gil Guerrero](#)

Sent: Sunday, March 31, 2013 11:06 PM

To: smarson@nc.rr.com

Subject: Infantilization - JSWE Editorial

Dr. Marson,

As a young man, almost 30 years ago I worked in a regional hospital in S. Texas and had my first experience of watching some nurses and nurse's AIDS, and even some doctors infantilize elderly patients in their interactions. I suppose one might be able to see some parallels between child-like behaviors and the behaviors of some of the elderly folk who are displaying signs of cognitive decline, but they seem thin to me.

This past fall, I spent my father's last days with him in hospice care. In general, the staff was very respectful and gave him dignified and respectful treatment until the end. But there were a couple of folk who fell into this syrupy sing song pattern in dealing with him. My father was a dignified man all his life. He maintained most of his faculties up to near the end, though he sometimes had problems verbalizing words quickly as his Parkinson's disease advanced.

I did not correct these persons, though I suppose I regret I did not. I can see a value in attempting to be soothing to a person who is in active distress, but being warm and reassuring does not require making the person feel that they have returned to childhood. Generally, you are dealing with a person who has lived and experienced a long and independent life, being in care is often enough of an indignity without heaping infantile language on an adult. I don't believe that a clinician is adding value when they treat the client with anything less than the respect and dignity they deserve.

I agree with your premise that those who act in this way are good intentioned, I just don't believe that the practice is soothing or within the bounds of ethically valuing the dignity and worth of the individual.

You have my permission to use, quote, or aggregate my response as desired. If you choose to quote by name, I prefer Gilbert Guerrero.

Please feel free to contact me if you need any clarification.

Best regards to you and thanks for your work in the world.

Gil Guerrero
Graduate Student
University of Texas at Arlington - School of Social Work

From: [penny shaw](#)
Sent: Tuesday, April 02, 2013 9:15 AM
To: smarson@nc.rr.com
Subject: editorial on infantilization

Dear Dr. Marson:

I'm writing to you today about your editorial on infantilization. I've been a nursing home resident due to the need for care because of paralysis from Guillain-Barre syndrome for ten years. I'm also a state (MA) and national nursing home advocate and policy advisor. What I have been calling paternalism is indeed a very serious problem as I see it. I'm not sure I would call it abuse but it is inappropriate, humiliating and demeaning. Personally, I had staff run their fingers through my hair, pat me on the arm kiss me, hug me call me names like honey, boo boo, sweetie, etc. One by one I had to get my dignity back by politely saying I felt uncomfortable.

Feel free to publish my comments.

Penelope Ann Shaw, PhD
Board Member. MA Advocates for Nursing Home Reform
Member. National Consumer Voice for Quality Long-Term Care
Advocate and Policy Advisor. Division of Nursing Homes. CMS

From: [Sanjuanita De Luna](#)
Sent: Tuesday, April 02, 2013 9:51 AM
To: smarson@nc.rr.com
Subject: Infantilization of geriatric population.

I do not agree with your statements that speaking to the elderly in "syrupy" voice constitutes abuse. This is taking it too far. I do believe that is grossly inappropriate and condescending to say the least, but not abusive.

I worked in a nursing home for 20 years and I saw all kind of interactions with the elderly. People need to be educated and made aware of the impact this kind of interaction can have on people. The way I see it, education is the key as to the first step in the changing of behaviors. Labeling and criminalization of such activity is not only counterproductive, but also harmful to givers and receivers of such inappropriate behavior.

It is OK for JSWVE to publish my letter.

Thank You.
Sanjuanita LMSW-IPR

"It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change." -Charles Darwin

From: [Emily Roberts](#)
Sent: Tuesday, April 09, 2013 9:52 AM
To: Stephen Marson Ph.D
Subject: Re: E. Roberts-Letter to the question on infantilization of elderly persons

April 8, 2013

Dear Dr. Marson,

When we see an individual in pain or distress, it is our first reaction to nurture that person. *This individual in front of me is hurting emotionally or physically, so I will try to "make it better" or make them "feel" better.* This act of nurturing may then make us feel better...rather than actually addressing the root causes of the individual's needs or distress.

The distress that many in nursing home settings experience runs much deeper than their physical restrictions. *Due* to these physical restrictions, the individual has had to give up their autonomy; their freedom of action to do as they wish, when they wish, in order to live a setting where they are told implicitly where, when and how to live their lives. Often the size of the building, long treks to activities or meals and the numbers of people they have to deal on a daily basis cause emotional stress that overwhelms their coping capabilities. Rather than try to cope, the individual gives up.

An example that comes to mind is my interactions with Miriam, an 86 year old nursing home resident I was visiting frequently in 2011. Miriam was a small, well-kept woman who would often sit in her wheelchair crying in the narrow double loaded corridor outside of her room. It was observed that busy care staff would pass Miriam in the hall, bend over her (never kneel at her level) and pat her on the head, back, shoulder or arm and say "Oh, honey don't cry. Do you want to come with me to Bingo and have some cookies? Don't cry dear, it's going to be OK." These exchanges only served to cause Miriam to weep more.

I sat with Miriam several afternoons on the sunny patio enclosed on two sides by the narrow wings of the facility. We sat together on those long summer afternoons, often not speaking, just experiencing each other's presence. Miriam asked me about myself, if I were married, how many children I have. We talked about her life, she spoke of her sister who lived in a house in our town. "She dances, I cry." was Miriam's way of synopsizing the situation.

Through our conversations, I discovered that Miriam had been through the Holocaust, as she would often question the motives of the nursing home staff... "should I really go with her, does she really want me to go to lunch, for a bath, to Bingo?" In other words, Miriam could not trust those around her due to her life experiences. She was trapped in her past and in her present and that stress immobilized her through her tears.

I believe through just a few afternoons with Miriam that I was able to look through a window

that few in that nursing home took the time to look through. After a break from my visits for several months to work on my dissertation, I returned to the nursing home to find that Miriam no longer lived there. Two months earlier her sister had moved her to a "nicer" facility, and within two weeks, Miriam had died.

The relationship between infantilization and dementia in nursing homes is many layered and speaks more to a system of care, than an individual's interaction with a resident. Miriam's care staff cared for her, but did not have the resources, time or knowledge base to look through the window to find out Miriam's true needs. This is the tragedy of traditional nursing home care... the "caring environment" serves only to close the shutters on true understanding; and often a resident dies without ever having the opportunity to express who they are; an individual with an individual life story.

I give you permission to publish my letter.

Kind Regards,

Emily

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From: [Alleman, Mary](#)
Sent: Wednesday, April 10, 2013 3:37 PM
To: 'smarson@nc.rr.com'
Subject: Response to: Is Infantilization Unethical?

Dr. Marson,

The question, "Is infantilization elder abuse and therefore unethical?" implies that it may be unethical because it is abuse. I would suggest that treating our elders as less than adults is not "best practice" for a professionally trained social worker and is therefore unethical. However, I would not consider the isolated act of infantilization to be abuse.

A report of acts of infantilization in a healthcare facility would cause me to question

the agency's overall approach to resident care and would call for an examination of other ways the agency culture may encourage the violation of basic Resident rights.

As Social Workers, we treat people, especially those who are disenfranchised, with the utmost respect and dignity, and it is our calling to strengthen their voice. Residents of care facilities often fit into several categories of people who are traditionally disenfranchised – they may be elderly, physically disabled, struggling with mental illness, and physically ill.

Healthcare staff generally have more power than people receiving care. We provide sometimes very intimate care for residents in a way that can feel paternalistic. I believe that healthcare staff often love and nurture the residents for whom they provide care. As professionals, though, we have to maintain a relationship that requires some distance. These factors may skew our ability to honestly evaluate our interactions. Social Workers must be aware of their own privileges, biases, and actions.

Two other concerning things I see in the general treatment of people who are aged: 1. Talking about the person instead of directly to them. 2. Actively or passively denying their sexuality. Both of these actions are infantilizing.

You have my permission to publish these comments.

If possible, I would like to be informed of how to access whatever you write in response to this inquiry.

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From: Roberts, Jane
Sent: Wednesday, May 15, 2013 4:09 PM
To: smarson@nc.rr.com
Subject: Infantilization of Elders

Stephen,

I imagine you've covered this topic at present, but am just getting back to my thoughts on it. If the subject is closed, I realize you may just delete this!

It's an interesting question that you posed, however; and in my training as a gerontologist and my area of research of ageism, I would call this practice definite ageism (therefore unethical) but probably not outright "abuse". As we know, ageism arises from misunderstandings about a target population (older people), and these misunderstandings are fairly universal in our society. Added to that, any fear of aging, death anxiety, fear of frailty and the like perpetuate the sometimes subconscious phenomenon of distancing ourselves from those perceived as frail and closer to death. Having said that, I'm not sure I wouldn't feel abused if on the receiving end of ageism!

Although now classic material of the 50's, I have found Gordon Allport's theoretical viewpoints on racial stereotyping useful in considering ageist attitudes (older people are not viewed individually but en masse, stereotyped, seen as needing assistance or perhaps even control). All of this can reinforce ageist and infantilizing behaviors; (e.g., when one is infantilizing elders, functional NASW scientists' abilities are discounted right along with those of dementia patients). As with combating any discriminatory behavior, one would think that self-awareness is paramount.

Anyway, I'm sure you're past this discussion by now, but you allowed me to ventilate! Feel free to use any of these thoughts if you see fit.

Thanks for the inquiry into an important topic,
Jane (Ph.D., Gerontology, VA Tech)
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