

## Chapter 15

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### Observing in nursing homes

The use of single case studies and organisational observation as a research tool

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#### Introduction: A first look at Mr Hartz

Mr Hartz<sup>1</sup> is a tall, slender 75-year-old man who suffers from dementia and, for that reason, now lives in a nursing home. During the day he enjoys going for walks through the corridors of the dementia care unit, but is otherwise barely able to eat or drink without assistance. His ability to communicate with others is steadily diminishing. While sitting in the common area, he often concerns himself with objects that he finds at the table, stroking the edges of tables and chairs with the palm of his hand, for example, or rubbing newspaper into a mangled pulp.

Mr Hartz is visited regularly by his wife. The observer, Ms Ursula Bog, who visits on a weekly basis, repeatedly records episodes of tender contact between them (Bog, 2008). The 12th observation, for example, illustrates such tenderness. Mr and Mrs Hartz are sitting at a table near the residential area of the unit. Mrs Hartz is talking to a lady whose husband also lives in the home. Mr Hartz is sitting next to his wife, his upper torso inclined towards her while he continuously looks over to her.

Mr. Hartz *carefully* reaches out towards his wife's hands. He lifts her left hand slightly upward and places it on the table. Mrs. Hartz is still talking to the lady, while her husband turns her hand to and fro, again and again. She then slowly reaches for his hand and holds it gently in hers. Both of them also put their other hands on the surface of the table and stroke each other's hands. *This mutual caressing between Mr. and Mrs. Hartz appears very intimate and full of love.*

(Bog, 2008: 12/174)<sup>2</sup>

It is quite apparent that Mr and Mrs Hartz are a married couple, well advanced in years, but still affectionately attached to one another. At the same time, there are strong indications that they no longer maintain sexual relations in the narrower sense of the word: Mrs Hartz displays no behaviour that would indicate a desire for sexual intimacy. Mr Hartz, for his part, gives the impression that, on the basis

of his dementia and its associated features, he would no longer be able to establish and experience a sexually arousing or satisfying situation. Over the course of time, however, as the observations continued, it became patently obvious that Mr Hartz experienced sexual feelings but suffered considerable difficulties in expressing them and in being understood. Before elaborating on this situation, we must describe the research context within which these observations took place.

### **Quality of life in nursing homes: A Viennese research project**

In 2007 a collaborative research project, 'Quality of Life in Nursing Homes', was started by members of the Departments of Sociology, Nursing Science and Education and Human Development at the University of Vienna.<sup>3</sup> The project team proposed undertaking five research studies at five separate nursing homes, using a variety of methods, in order to gain insight into the subjective quality of life of people afflicted with dementia. To achieve these aims, the project needed to develop:

- a concept of what constitutes 'quality of life' appropriate to the nursing homes in the investigation (with reference to nursing home care in general);
- useful instruments for assessing 'quality of life' and the satisfaction derived from it;
- a set of hypotheses that could lead to further investigations.

Previously, members of the Department of Education and Human Development, who belonged to the research unit 'Psychoanalysis in Education', had used the Bick observation method in investigating the impact of everyday experiences on infants' and toddlers' development (Datler, Datler & Funder, 2010). Like Briggs (1997), Diem-Wille (1997) and other studies using this method, these investigations showed that, in one-hour weekly observations, observers could document and analyse extremely complex interactions and relationships, and study their development over time. The method could also be employed to address particular research questions. We therefore decided to adapt it to study daily experiences of elderly people suffering from dementia living in nursing homes. We were particularly interested in what insights could be gained from a psychoanalytic point of view.

Members of the research unit 'Psychoanalysis in Education' were responsible for conceptualising this part of the project, for which we held three fundamental basic assumptions.

- 1 We assumed that the well-being of the elderly people suffering from dementia and living in nursing homes was highly dependent on the experiences of their relationships with important reference persons in general and with the caregiving personnel in particular. In line with the psychoanalytic concept of 'containment', we assumed that the quality of life of nursing home residents

would be experienced as higher if they felt that the people caring for them were interested in their internal worlds in the context of their everyday lives. We wondered to what extent significant caregivers would think about the residents' own thoughts and feelings, impulses and fantasies, experiences and wishes. Inspired by Davenhill, Balfour and Rustin (2007), we decided to carry out a series of eight single case studies, observed in two nursing homes over three months, and to then compare them with one another.

- 2 In keeping with psychoanalytic theories of organisational dynamics, we assumed that the dynamic forces that characterised each individual home would have considerable impact on the residents' experiences. To investigate this aspect, observations of organisations were carried out in both homes (Hinshelwood, 2003; Hinshelwood & Skogstad, 2000; Lazar, 2009). Day-to-day activities were observed in, for example, the foyer, the geriatric nursing ward common rooms, the nurses' staff centres, the laundry and administration areas, and during staff shift changes. In order to better understand the organisational dynamics and cultures of each nursing home, these reports, which observers wrote up immediately after making their observations, were discussed in seminars specially adapted from the Bick infant observation seminar model. As well as reflecting on the observer's experience, these seminars asked how each and every person referred to in the accounts might have experienced the described situation and explored whether it was possible to understand why they acted as they did, given the background of the situation described.

The results of these deliberations were then linked with both preliminary results of the single case studies and with material about the homes, gained from their websites and/or other descriptions they had put forward about themselves. In doing this, we used an analytical concept originating in Tavistock Group Relations thinking, which our research group has taken further. This analytical tool helped us to differentiate:

- a what emotional stresses and strain the residents, the staff members and the administration of the homes found themselves under;
- b which particular affect regulating processes were called into action by this stress;
- c what influence this had on the way staff and homes' management each carried out their tasks.

In a later phase of the project, the results produced by analysing the organisational and the individual observations were linked in order to study the relationship between organisational dynamics and the quality of life of the nursing homes' residents in greater depth.

- 3 We assumed from the outset that the results of our research would suggest conclusions that should affect the education and training of nursing staff and management teams in nursing homes. To further this aspect of the research, some of the nursing staff were interviewed subsequently. We are unfortunately unable to discuss this aspect of the project here.

In order to discuss the written accounts from the single-case and organisational observations at length, we established an extensive network of small seminar groups. Larger discussion groups or workshops were then set up to explore the relationship between the observational material, specific interpretations and general theories. These were read and interpretations were suggested in line with the Bick model of infant observation (Datler, Trunkenpolz & Lazar, 2009a). In the later phases of the project, further groups analysed the entire data with specific reference to the questions posed by the project, combining discussions of empirical material, theory and results obtained by the other teams involved in the project (Datler, Hover-Reisner, Steinhardt & Trunkenpolz, 2008: 88).

As soon as we began studying the observers' reports, limitations in the way that the staff members addressed the residents' emotional well-being became obvious. These were particularly associated with difficulties in perceiving or processing the residents' emotional experience in areas concerning such themes as sexuality and the fear of dying. In the next section we will present further material from the case of Mr Hartz, where it will become apparent how little support he receives in his struggle with aging and sexuality. We then go on to discuss the case of a female resident whose wish to die becomes apparent.

## **Sexuality and Mr Hartz**

### ***The inability to experience sexually intimate and satisfying situations***

From many of the observation accounts, it was apparent that, in many situations, Mr Hartz was perceived as a man for whom having a well-groomed and attractive appearance was important, and who still felt a yearning for intimate sexual experiences. This was reflected, for example, in the fact that he was frequently referred to by the female caregivers as the unit's 'ladies' man', 'playboy' or 'charmer'. He enjoyed ambling through the corridors, neatly combed, freshly shaven and pleasantly scented, conveying an image of masculine personability, not least through his upright stature.

Beyond this, the observer sensed that whenever she came into close contact with Mr Hartz it aroused his desire to engage in some kind of intimate sexual exchange with her. This was initially discernable in his unconcealed gaze directed towards the observer's body and his seeking close physical proximity to her whenever he could. Thus in her fifth observation the observer noted:

Mr. Hartz approaches me. He comes up and stands very close in front of me, staring down my cleavage. As he does so, he smiles. He remains standing like this for some time without moving at all, looking at me. The short distance

between us eventually makes me feel uncomfortable, and I take a step back. He comes a step forward, and again stands directly in front of me. Only after Nurse Martha has returned to the room does he retreat from me, and goes to stand by the window.

(Bog, 2008: 5/128)

In the ninth observation, Mr Hartz became more daring. He gently touched the observer and also made efforts to find a room where he could be alone with her: at the beginning of the observation, he moved about attempting to open doors, entering unfamiliar rooms and leaving the doors open, waiting to see if the observer might follow him. Finally, Mr Hartz moved back to his own room:

He opens the door and leaves it open for me to follow. Mr. Hartz goes over to his bed and strokes the freshly changed bed sheets with his hand. I remain standing in the foyer area, looking at what he's doing. After a few minutes, he turns around and comes towards me. A short distance away from me he remains standing and with his right hand starts to stroke my chin. He does this a number of times. . . . *I am feeling uncomfortable, but I let it happen. All the while, I keep wondering, why is he doing this?* Mr. Hartz then pats me on my right shoulder and leaves the room.

(Bog, 2008: 9/164)

Subsequently, during discussion, the observer was able to perceive what had happened more clearly than when she had been in the observational situation. The research team also gathered that Mr Hartz was expressing his desire for sexual relations and intimacies that clearly went beyond the tender stroking of hands that he shared with his wife. But he had to face the fact that such expectations would remain unfulfilled, and that he was not, perhaps, as attractive, desirable or sexually potent as he might like to be. As this realisation sank in, he appeared to put an end to his wooing, in that, almost as a farewell gesture, he touched the observer's shoulder and resignedly left his room.

### ***The difficulty of demonstrating sexual desire***

At the end of the excerpt quoted above the observer (Bog, 2008: 5/128) noted that Mr Hartz turned away from her when a caregiver entered the room. This would indicate that he may have enjoyed expressing his sexual feelings from time to time, but also felt prevailed upon to conceal them when a third person, a 'witness'

so to speak, was present. We assumed that the fear of feeling humiliated or rejected, were he to display sexual desires or act upon his impulses, inhibited his further acting out of these urges.

One such situation is described below in the fifth observation. Mr Hartz was standing about between the tables of the common room, where quite a few of the residents had already sat down waiting for their breakfast. Mr Hartz, who had been in hospital for some days, was joyfully welcomed back by Nurse E.

The nurse walks up to Mr. Hartz, greeting him with the words 'It's nice to see you're back, Mr. Hartz.' She places both hands on his shoulders and he grabs her hips with his hands. She takes her hands down from his shoulders and holds on firmly to his hands. Next, Nurse E. asks Mr. Hartz whether he wouldn't like to give her a kiss; and he does, kissing her on the cheek. Two other nurses standing nearby laugh and clap their hands.

(Bog, 2008: 5/165)

In this scene, Nurse E. touches Mr Hartz and virtually requests him to give her a kiss. When, following her exhortation, Mr Hartz does so the other nurses laugh out loud, which Mr Hartz, in his turn, finds not to be a laughing matter at all.

Suddenly, Mr. Hartz tears himself loose, lifting up his arms and hollering very loudly: 'Listen, leave me in peace. Have you gone crazy all of a sudden? Holyshit!' The nurses laugh, turn around, and return to the nurses' station.

(Bog, 2008: 5/165)

Should Mr Hartz, at first, have been under the misapprehension that Nurse E. felt driven towards him as an attractive man, only a moment later he learns of his fundamental error in this regard. The kiss becomes a subject of general hilarity. This both hurts and insults Mr Hartz, awakening feelings of shame, disappointment and anger. He feels himself obliged to relinquish the physical contact, to rant and rave loudly and to place the responsibility with Nurse E.

The nurses' reactions, as they move on laughing towards their station, show that they barely perceive, let alone understand, the pain, rage and intensity of longing felt by Mr Hartz. This is an experience that, unfortunately, Mr Hartz also has with his wife, who seems not to consider the existence of sexual desires, despite his actions making such wishes clearly manifest. A situation of this kind was noted at the end of the first session:

The two of them continue to lovingly stroke one another's hands. Again and again, Mr. Hartz keeps shutting his eyes in the process. For some minutes I watch a very harmonious and loving scene between them. ... Suddenly and unexpectedly Mr. Hartz tries to take his genitals out of his trousers. Mrs. Hartz thereupon jumps up and calls for one of the caregivers. A male nurse appears straightaway and grabs hold of Mr. Hartz under his armpits. He tells him that it is time to give him a helping hand so they can go to the toilet. After a number of attempts, Mr. Hartz manages to swing himself up into an upright position and to stand firmly on both his legs, and then goes off to the toilet with the caregiver. Mrs. Hartz turns towards me and explains that her husband would never go to the toilet with her. This is a task reserved solely for the caregiver.

(Bog, 2008: 1/194)

The idea that, during that tender moment of togetherness with his wife, Mr Hartz might have wished that she touch or fondle his penis seems to have occurred to no-one, not even in the most rudimentary form. That Mr Hartz's gesture could have had a sexual meaning was ignored by Mrs Hartz as well as by the nurses, who apparently viewed him as too old for sexual desires.

### **Minimal interest in the residents' 'inner worlds': The power of organisational dynamics**

In the observer's accounts, there was not a single scene in which nurses or relatives showed any kind of deep interest in Mr Hartz' sexual feelings, desires or fantasies, or of understanding how painful it must have been for him to no longer experience himself as attractive, desirable and potent. After analysing all the reports, the research team concluded that this reflected a common characteristic in the day-to-day experiences of all nursing home residents, and indeed one that impaired their quality of life considerably. Briefly, this characteristic can be described in the following way:

The caregiving personnel behave towards the residents in most situations with patience and friendliness. They show considerable tact and sympathy in situations that centre on the residents' physical care and sustenance – tasks that are carried out in a highly professional way. Beyond that, situations can rarely be found in which caregivers consciously and deliberately attempt to understand the feelings, desires or fantasies of the residents, or even express thoughts about what might be going on in their 'inner worlds'. In this sense, the everyday lives of the residents could be said to be characterised by a substantial lack of emotional containment.

When the project team discussed how this situation might be understood, our analyses of all the accounts led us to identify some aspects of the observed material that could be seen to provide significant, albeit partial, answers to this question.

### ***Unconscious defences against primitive emotions***

We were aware that the observers often felt very strong emotions while in the nursing homes, or when they discussed the accounts of their observations in the seminars. This was not surprising, considering the fact that the observers were regularly confronted with subjects such as dementia, old age, dependency, helplessness, illness and death – or even the *wish* to die. This can be seen in the following extract from the fourth observation undertaken by Gabriele Heussler:

Mrs. Gabler now leans back in her wheel chair and once again gazes at me. She appears to be content. She burps slightly, and gives a little sigh. 'I don't need much anymore . . . but the coffee was good! Actually, they always make a pretty good cup of coffee here.' She briefly looks away from me, and then back to me. 'But what can I tell you? It's the same thing every day. Always the same . . . First I sit here, then they bring in the breakfast. Then I sit here some more, waiting for someone to come and give me a hand with getting dressed. . . . The same thing every day – the same kind of junk.'

Mrs. Gabler sighs, 'Well, what am I to do? When I was still able to walk, things were different.' There is a pause, and Mrs. Gabler appears to be lost in her own thoughts. She then reaches into the pocket of her nightgown and takes out a cloth napkin, wiping her mouth with it. Then she scrunches it up, but keeps holding on to it for the time being. Now she gazes at me directly. Her head is bent downwards slightly, and her eyes are looking upwards.

She bends forward slightly, moving her torso in my direction, and says, 'I've tried everything already, anyway. Not eating anything, not drinking anything. But it got me nowhere. It's going to take a long time with me . . . My constitution is too good!'

*I find myself horrified when I hear her say this, and feel a deep sense of empathy and sadness spreading right through me.*

Mrs. Gabler pulls herself together immediately after this statement and says, 'Well, there's nobody here to come by and knock me over the head. That'd be



the quickest way.' And, once again, she turns to me with that special little smile, the top part of her body bent slightly towards me, a little collapsed in upon itself, and she shrugs her shoulders. I maintain eye contact with *and I believe that my eyes and my facial expression let her know the empathy I feel for her.*

(Heussler, 2008: 4/134)

On the other hand, when these accounts were discussed in the seminars it was often difficult for the observers to reflect upon the residents' feelings. Frequently this thinking process was delegated to the seminar leaders, who, in turn, felt that they were left to do all the hard work. They, themselves, were sometimes close to despair, because they could not persuade the observers to focus on the *inner worlds* of these demented old people. When this issue was discussed, we came to understand that the observers' behaviour could be an expression of their unconscious wish to protect themselves from more intense encounters with the painful emotions with which the residents of the nursing home often had to struggle (Datler, Trunkenpolz & Lazar, 2009a: 75, 2009b).

This led us as a research team to assume that defensive processes like these were also at work on the part of the caregivers, an assumption that close analysis of many sections of the observation accounts verified. In her often quoted study, Menzies-Lyth (1959) highlighted the extent to which nurses working in hospitals or nursing homes are confronted daily with threatening, fearful and burdensome feelings. In this light, we understand some of the limitations in the quality of the relationships observed between nursing staff and residents as serving to protect staff members from the strength of the barely tolerable primitive emotions constantly aroused when working with demented old people. This goes along with a focus on body-related nursing activities that help nurses to concentrate on areas of action for which they feel well trained, while at the same time protecting them from being emotionally affected to such a degree that they could no longer perform their work (Foster, 2001: 81).

### ***The significance of institutionalised forms of defence***

If one wants caregivers to devote a higher degree of attention to their residents' emotional life, it seems to be appropriate to discuss how the *containing capabilities* of individual caregivers might be increased. However, our research results convinced us that, in the light of the institutional defences at work, thinking only about increasing the individuals' capacities for 'containment' is insufficient. If the problem is to be dealt with effectively, it must be approached at several levels: the educational and training level; the leadership and management level; and the ethical-spiritual level.

The analysis of our organisational observations revealed that the majority of staff members went so far as to *avoid*, as best they could, developing any deeper

understanding of the anxieties and desires, behaviour and activities, fantasies and emotions of the residents. This applied not only to the nurses but also to the physicians, therapists and members of the administrative teams. This suggests that, within the homes where these observations were carried out, institutional forms of unconscious defence activities – in the sense described by Menzies-Lyth (1959) – were being used to protect the staff from the anxieties associated with becoming aware of threatening emotions like forlornness, despair, disgust, weakness or depression with which the residents had to struggle. From this point of view, any further sustained interest in, and concern for, residents' emotional lives would almost certainly have to go hand in hand with a loosening of institutional as well as individual forms of defence.

If appropriate changes within nursing homes are to become a reality, it will be very important to support individual staff members in their efforts to develop more 'mental space' for the emotional concerns of their residents, and, at the same time, to ensure the development of a 'social space' within the homes 'in which the professional is permitted – and empowered – to work in a climate in which psychological and social factors are taken into account and then considered in a problem-solving-activity' (Briggs, 1999: 149).

In order to create such a social space it will be necessary to mobilise the process of change right from the start. Newly arising feelings of anxiety and insecurity are likely to create a powerful inertia involving all groups of staff members. Nevertheless the development of new capacities will be essential in order to deal with the emotional turbulence arising from such a revolutionary transformation of everyday lives and routines in nursing homes.

## Notes

- 1 The names of all persons referred to in this paper have been changed to protect their anonymity. Residents, their spouses where appropriate and nursing home staff were asked for and gave permission for the observations (Hubbard, Downs & Tester, 2001).
- 2 The number before the slash indicates the observation from which the quotation is derived. The number after the slash refers to the page of the report from which the passage has been excerpted. The observers were asked to limit their reports to description wherever possible; italic font is used for reporting feelings, interpretations or impressions.
- 3 The research project, financed by the University of Vienna (2007–2010), was run by Anton Amann (Department of Sociology), Wilfried Datler (Department of Education and Human Development) and Elisabeth Seidl (Department of Nursing Science) (Datler, Trunkenpolz & Lazar, 2009a). Kathrin Trunkenpolz, who was a member of the project management, carried out the organisational observations. Alexandra Bisanz, Ursula Bog, Vanessa Cerha, Xenia Cerha, Gabriele Heußler, Tanja Meindorfer, Stephanie Pfarr and Klaudia Schneider carried out the case observations. We want to thank them all for their hard work and commitment.

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