**Chapter 8: Growth and Development**

What is growth and development?

Growth-the physical changes that take place in the body like increase in height, weight, motor sensory adaptation, and the development of sex organs

Development-Refers to the increase in mental, emotional, and social capabilities of the individual like intellectual ability, variety in expression of emotions, ability to cope with complex situations, social and interpersonal skills

Concepts in human growth and development:

1. Physical-growth of the body (height, weight, and head circumference for infants and children)
2. Psychosocial- psychological and social development. Psychological refers to emotion (love, hate, joy, fear and anxiety, attitudes and other aspects of the mind. Social is one’s interactions and relationships with others
3. Cognitive-Intellectual processes, includes thoughts, awareness and the ability to rationally comprehend the world and determine meaning

So what do we know about the life stages?

* Human needs vary as individuals move through the life stages
* No one follows the stages exactly
* Generalizations cannot take the place of considering each patient as a unique individual

Stage Age Erikson stage of psychosocial development

Prenatal conception to birth

Infancy birth to 1 yr Trust vs mistrust

Toddler 1 to 3 yrs Autonomy vs shame and doubt

Preschooler 3 to 6 yrs Initiative vs guilt

School Age Child 6 to 12 yrs Industry vs inferiority

Adolescence 12 to 20 yrs Identity vs role confusion

Young Adult 20’s and 30’s Intimacy vs isolation

Middle Adult 40-65 Generativity vs stagnation

Later Adult 65-death Ego Integrity vs despair

Erikson believed that psychosocial development occurs as the result of resolving specific types of conflicts encountered in each stage. Resolving these conflicts, at least in parts, allows the individual to advance to the next stage. Failing to complete a stage can delay psychosocial growth, but does not prevent the completion at a later time. Additionally transitions are gradual between stages, they do begin or end abruptly at exact ages. Individuals under stress, like being hospitalized, may regress to an earlier stage. Erikson emphasized that the stages occur in the same order for each individual.

While you are not required to know characteristics of each life stage, you should have a good understanding of what the Erikson conflict really means, and care considerations, or how to help patients master the stage for their age range.

**Death and Dying: The last stage of human development.**

Many health care providers rely on the classic work of Swiss physician Elisabeth Kubler-Ross. She earned her medical degree from the University of Switzerland in 1957 and her degree in psychiatry from the University of Colorado in 1963. Dr. Kubler-Ross conducted her extensive research by interviewing people who knew they were going to die. She documented the process they followed as they tried to put their lives in perspective.

Based on her research, Kubler-Ross developed a model called the stages of dying or the stages of grief:

1. Denial — The first reaction is denial. In this stage individuals believe the diagnosis is somehow mistaken, and cling to a false, preferable reality.

2. Anger — When the individual recognizes that denial cannot continue, he or she becomes frustrated, especially at proximate individuals. Certain psychological responses of a person undergoing this phase would be: "Why me? It's not fair!"; "How can this happen to me?"; '"Who is to blame?"; "Why would this happen?".

3. Bargaining — The third stage involves the hope that the individual can avoid a cause of grief. Usually, the negotiation for an extended life is made in exchange for a reformed lifestyle. People facing less serious trauma can bargain or seek compromise.

 4. Depression — "I'm so sad, why bother with anything?"; "I'm going to die soon so what's the point?"; "I will miss my loved ones, why go on?" During the fourth stage, the individual becomes saddened by the mathematical probability of death. In this state, the individual may become silent, refuse visitors and spend much of the time mournful and sullen.

5. Acceptance — "It's going to be okay."; "I can't fight it, I may as well prepare for it."; "Nothing is impossible."  In this last stage, individuals embrace mortality or inevitable future. People dying may precede the survivors in this state, which typically comes with a calm, retrospective view for the individual, and a stable condition of emotions.

What should we learn from Dr. Kubler-Ross and her research?

1. As a health care professional it is ultimately important to take the time to listen to your patients. So patients will tell their stories with acceptance, some with remorse, regret, guilt and or bitterness.
2. There is no one “right” way to face death or to grieve. Health care professionals need to allow their patients to express themselves in the manner most comfortable to them.
3. Dying patients do not always go through all the stages of death and dying, nor do they go through them in an orderly, sequential manner. Patients can skip stages, flip flop back in forth through stages or stay in one stage. Gender, class and culture can all influence the patient’s experience.

**For those of us who are grieving**:

The stages of dying can also be experienced by people who are grieving. The stages have evolved since their introduction and they have been very misunderstood over the past three decades. They were never meant to help tuck messy emotions into neat packages. They are responses to loss that many people have, but there is not a typical response to loss as there is no typical loss. Our grief is as individual as our lives.

The five stages, denial, anger, bargaining, depression and acceptance are a part of the framework that makes up our learning to live without the one we love. They are tools to help us frame and identify what we may be feeling. But they are not stops on some linear timeline in grief. Not everyone goes through all of them or in a prescribed order. Remember grief is the price you pay for love. The grieving experience is an individual as the person who is experiencing it.

A look at the stages for the “left behind”

DENIAL.  It helps us to survive the loss. In this stage, the world becomes meaningless and overwhelming. Life makes no sense. We are in a state of shock and denial. We go numb. We wonder how we can go on, if we can go on, why we should go on. We try to find a way to simply get through each day. Denial and shock help us to cope and make survival possible. Denial helps us to pace our feelings of grief. There is a grace in denial. It is nature’s way of letting in only as much as we can handle. As you accept the reality of the loss and start to ask yourself questions, you are unknowingly beginning the healing process. You are becoming stronger, and the denial is beginning to fade. But as you proceed, all the feelings you were denying begin to surface.

ANGER. Anger is a necessary stage of the healing process. Be willing to feel your anger, even though it may seem endless. The more you truly feel it, the more it will begin to dissipate and the more you will heal. There are many other emotions under the anger and you will get to them in time, but anger is the emotion we are most used to managing. The truth is that anger has no limits. It can extend not only to your friends, the doctors, your family, yourself and your loved one who died, but also to God. You may ask, “Where is God in this? Underneath anger is pain, your pain. It is natural to feel deserted and abandoned, but we live in a society that fears anger. Anger is strength and it can be an anchor, giving temporary structure to the nothingness of loss. At first grief feels like being lost at sea: no connection to anything. Then you get angry at someone, maybe a person who didn’t attend the funeral, maybe a person who isn’t around, maybe a person who is different now that your loved one has died. Suddenly you have a structure – – your anger toward them. The anger becomes a bridge over the open sea, a connection from you to them. It is something to hold onto; and a connection made from the strength of anger feels better than nothing. We usually know more about suppressing anger than feeling it. The anger is just another indication of the intensity of your love.

BARGAINING. Bargaining before a loss, it seems like you will do anything if only your loved one would be spared. “Please God, ” you bargain, “I will never be angry at my wife again if you’ll just let her live.” After a loss, bargaining may take the form of a temporary truce. “What if I devote the rest of my life to helping others. Then can I wake up and realize this has all been a bad dream?” We become lost in a maze of “If only…” or “What if…” statements. We want life returned to what is was; we want our loved one restored. We want to go back in time: find the tumor sooner, recognize the illness more quickly, stop the accident from happening…if only, if only, if only. Guilt is often bargaining’s companion. The “if onlys” cause us to find fault in ourselves and what we “think” we could have done differently. We may even bargain with the pain. We will do anything not to feel the pain of this loss. We remain in the past, trying to negotiate our way out of the hurt. People often think of the stages as lasting weeks or months. They forget that the stages are responses to feelings that can last for minutes or hours as we flip in and out of one and then another. We do not enter and leave each individual stage in a linear fashion. We may feel one, then another and back again to the first one.

DEPRESSION. After bargaining, our attention moves squarely into the present. Empty feelings present themselves, and grief enters our lives on a deeper level, deeper than we ever imagined. This depressive stage feels as though it will last forever. It’s important to understand that this depression is not a sign of mental illness. It is the appropriate response to a great loss. We withdraw from life, left in a fog of intense sadness, wondering, perhaps, if there is any point in going on alone? Why go on at all? Depression after a loss is too often seen as unnatural: a state to be fixed, something to snap out of. The first question to ask yourself is whether or not the situation you’re in is actually depressing. The loss of a loved one is a very depressing situation, and depression is a normal and appropriate response. To not experience depression after a loved one dies would be unusual. When a loss fully settles in your soul, the realization that your loved one didn’t get better this time and is not coming back is understandably depressing. If grief is a process of healing, then depression is one of the many necessary steps along the way.

ACCEPTANCE. Acceptance is often confused with the notion of being “all right” or “OK” with what has happened. This is not the case. Most people don’t ever feel OK or all right about the loss of a loved one. This stage is about accepting the reality that our loved one is physically gone and recognizing that this new reality is the permanent reality. We will never like this reality or make it OK, but eventually we accept it. We learn to live with it. It is the new norm with which we must learn to live. We must try to live now in a world where our loved one is missing. In resisting this new norm, at first many people want to maintain life as it was before a loved one died. In time, through bits and pieces of acceptance, however, we see that we cannot maintain the past intact. It has been forever changed and we must readjust. We must learn to reorganize roles, re-assign them to others or take them on ourselves. Finding acceptance may be just having more good days than bad ones. As we begin to live again and enjoy our life, we often feel that in doing so, we are betraying our loved one. We can never replace what has been lost, but we can make new connections, new meaningful relationships. Instead of denying our feelings, we listen to our needs; we move, we change, we grow, we evolve. We may start to reach out to others and become involved in their lives. We invest in our friendships and in our relationship with ourselves. We begin to live again, but we cannot do so until we have given grief its time.