

Interacting with suicidal older persons: an application of symbolic interactions for nurses and related mental health professionals

Khaldoun M. Aldiabat^{1,*}, Carole-Lynne Le Navenec²

¹School of Nursing, University of Northern British Columbia 3333 University Way Prince George, BC, V2N 4Z9, Canada

²Faculty of Nursing, University of Calgary 2500 University Drive N.W. Calgary, AB, T2N 1N4, Canada

Email address:

aldiabat@unbc.ca(K. M. Aldiabat), cllenave@ucalgary.ca(C.-L. L. Navenec)

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Abstract: Increasingly, nurses and other health care professionals are expected to engage in evidence-based practice, as well as apply a theoretical or philosophical framework or model to their day-to-day mental health caring practices. Although there is substantial research about caring for older people who are suicidal, the literature on the more basic aspect of how to apply concepts from a selected theoretical framework in one's work with these clients is practically non-existent. The purpose of this paper is to present an easily understandable overview for these very busy health professionals of the basic tenets of a conceptual framework referred to as *symbolic interactionism* as applied to nurses and related mental health professionals who are interacting with a hypothetical older client who has been recently admitted to a nursing home and is experiencing suicidal thoughts.

Keywords: Symbolic Interactionism, Suicide, Elder People, Nursing Home, Theoretical Framework

1. Introduction

According to Carol Blyth, a 77 year old "As an older adult, when I interact with a nurse, I need someone who is informed about the health care concerns of my age group. I want someone who really understands my experiences and has the specific knowledge and skills to deal with them." (Cited in University of Calgary, 2008: <http://www.ucalgary.ca/news/utoday/oct108/gerontological>). From her perspective, Blyth emphasized that the interaction with nurses is the first step and salient key for understanding her experiences as an older adult, and thus a pre-requisite for planning her nursing care. Her comments remind us that nursing care is essentially a process of social interaction between nurses and the recipients of care.

We found no literature that would help nurses and related mental health professionals better understand how they could translate concepts (ideas) from symbolic interactionism into their day-to-day communication with their clients (patients and their families). The aim of this paper is to provide a preliminary guide about how these staff members could apply selected concepts from this

conceptual framework to promote enhanced interaction with a hypothetical older person who has recently been admitting to a long-term care center and is experiencing suicidal thoughts.

2. Symbolic Interactions (SI)

Symbolic interactions have been derived from American pragmatism in the early 1900s by a social psychologist, George Herbert Mead. He emphasized the importance of self-concept, which arises out of social interaction and influences human behavior (Mead, 1934; Strauss, 1993). It was further advanced by Herbert Blumer (1969), a student of Mead. He formulated the following premises of symbolic interactionism: (1) humans behave toward things based on the meaning those things have for them; (2) these meanings are derived from social interaction between human beings, and (3) modified through an interpretive process. Thus, when mental health care providers interact with suicidal older adults, they need to be familiar with the meanings that the latter accord to the various people, objects, or happenings in their daily life.

Several key questions underlie the three key premises mentioned above need to be addressed by nurses and related mental health care professional: from where and when the patient's do / client's meanings arise? ; What interpretations do these patients/ clients formulate in regard to their daily encounters? And how do those interpretations affect their behavior? By addressing these questions, the staff will be more effective in their social interaction with older adults who have suicidal thoughts.

In summary, mental health care providers need to consider the following objectives in order to gain knowledge of how older persons with suicidal thoughts define their situation: to see the world from their perspective; to understand things as they understand them; and to assist them to express their thoughts and feelings about their situations. The staff should also have knowledge about the past behavioral patterns of these older adults, including the specific circumstances at the time, in order to facilitate a fuller understanding of their present behavior, and to better predict their future behavior. In the next section, a discussion about how SI perspective can facilitate the achievement of these objectives is presented.

2.1. The Advantages of Using a Symbolic Interactions Perspective

Two major advantages of using a symbolic interactions perspective to develop interaction guidelines for staff seem evident. The first one, integrationists focus on the acting of the individual in the empirical world (Glaser & Strauss, 1967). This approach is substantially different from other theories, such as those developed by nurses. For example, Bowers (1988) contends that nursing models tend to view social interaction in terms of "the role, system, adaptation, and homeostasis of others" (p. 35). However, staffs who adopt SI perspective would attempt to understand these older people in their broader environment and strive to identify the definitions they accord to it. For example, many older people define nursing home as a place where you go to die. This definition of the situation may in turn promote a definition of self that such persons are no longer of any value to anyone. Such thoughts and feelings may evoke feelings of suicide among that population.

A second advantage of using SI perspective particularly for nursing staff, is the similarity between it and what is called the nursing process (i.e., a health problem identification/ solving process). That is, both focus on the interpretive, interaction process (Chenitz & Swanson, 1986a, Chenitz & Swanson, 1986b). Kasch (1986) insisted that "making meaning and interpretation central to a theory of nursing action is generally consistent with the fundamental premises of symbolic interactionist perspective. It is the process of interpretation and inference that provide the means to guide and direct action" (pp. 226-227). Similarly, mental health care providers, because they are already familiar with the problem identification/ solving process mentioned above, can more easily integrate

and apply concepts of symbolic interactionism, particularly during the assessment phase. During the assessment phase, they need to know, understand, and interpret the suicidal older adults' experiences, self-concept and behavior, their meanings of objects, and the contextual environment. Furthermore, the mental health care providers' application of symbolic interactionism concepts in interaction with elderly people gives the latter the feeling that they are active participants in the interaction process and as partners in the implementation of their health care intervention. (Orem, 2001).

3. Nurse-Older Adults Interaction: A Hypothetical Case Study from Nursing Home Context

In this section, a hypothetical example of an interaction involving a nurse and an older person experiencing suicidal thoughts is outlined next to illustrate what a patient assessment would look like from symbolic interactionist perspective.

Laila is 93 year old Scandinavian female, married and mother of two daughters. She worked most of her life as a university librarian. She was admitted to the nursing home because of cancer of the lung that has now spread to other organs. She has had numerous hospital admissions during the past year. Today, being her fourth day in the nursing home, she became agitated toward staff (e.g., abuses them physically and verbally). In addition, she has chosen not to eat, nor take her prescribed medications, nor accept other treatments. Laila spends most of the day screaming, and told other nurses that they will be in trouble if they do not discharge her to her home because she would kill herself if she stayed longer in the nursing home. Different styles of communication from different health providers with her failed to understand why she behaved in this manner. Those communications indicated that she was anxious because she is new to living in a nursing home, and she realized that she would never return home.

One of the older of gerontological nurses, Joe, decided to use a creative communication strategy that focuses on integrating symbolic interactionist concepts to understand her behavior and anxiety from her perspective. He used the following topics to discover the meanings of her behaviors: how did she come to develop and interpret those meanings? ; How does she perceive herself and how does she think others (generalized other) perceive her when she behaves in the manner described above?; How does she define a nursing home?; and How does this meaning affect her behavior?. Joe interviewed Laila for two hours using open and focused questions regarding her behavior. Based upon his understanding of her perspective about her behavior, the nurse began a tentative outline for nursing intervention suitable for Laila's experience. He will validate these plans with Laila once he has collected

additional assessment data. The following paragraphs will be focused on a theoretical discussion of selected symbolic interactionist concepts, including illustrative examples from the interviewer's questions and Laila's answers to them.

3.1. Concepts of Symbolic Interactionism

The key concepts of Symbolic Interactionism that will be discussed here include: the self-concept (the "I" and "Me"), the object, role-taking, looking-glass self, and definition of the situation.

3.1.1. The Self Concept

The self is defined from the symbolic interactionist perspective as a complex interpretive process that involves a continuous communication between the "I" and the "Me", that is, the "I" acts and the "Me" defends, evaluates, interprets the self as reflective of others (Mead, 1934). Therefore, human beings can be distinguished from other creatures because they have a self that enables them to think and to interact with themselves in the form of internal conversation. This interaction between humans and their selves takes many forms. Sometimes humans talk to themselves silently, loudly, or in whispery form. Sometimes humans evaluate themselves, plan for future action, and punish or reward themselves. Based on this internal interaction, humans act in relation to others as well as toward themselves. In other words, if one is to understand human interaction(s) of others, one must first gain an understanding of the meaning of the self concept.

"I" and "Me" are two key terms for understanding the self concept. Mead (1934) defined and distinguished two parts or aspects of the self which he labeled the "I" and the "Me". According to Mead, the "I" is a reaction of humans to the attitudes of the others. It is the impulsive, spontaneous, unorganized, and never fully socialized and therefore uncontrolled part of the human self. Because of the "I", humans always surprise themselves by their actions, and their actions never get into experience until the internal communication between "I" and "Me" finishes. Thus, "I" gives humans a sense of freedom and initiative for their behaviors.

Mead considered the "I" as a human subject, and the "Me" as the social self and human object that arises through interactions with others. "Me" is the organized set of attitudes, definitions, understandings, and expectations of others (Mead, 1934). From the viewpoint of symbolic interactionism, the "Me" represents the generalized other that controls or directs human behaviors.

For nurses and other mental health care providers who interact with suicidal elderly people, they may find it helpful to use these concepts to enhance their understanding of the nature of the social interaction. The cyclic relationship between the "I" and the "Me" explains how the actions and behaviors of elderly people begin. This means that initiation of any behavior is influenced by the

expectations of the generalized other, or what Mead called the "Me". For example, in this hypothetical case study, the "Me" can be viewed as regulating Laila's actions or suicidal behavior.

Generalized others are those who influence the perceptions of human beings regarding their attitudes and behaviors (Cardwell, 1971). Generalized others arise out of social interaction, so, it is expected to be complex because human being has more than one single generalized others (Lauer & Handel, 1977). Mead (1934) indicated that the attitude of generalized others is similar to the attitude of the community. Therefore, generalized other is considered Mead's "Me" because human beings can control their behaviors from standpoint of the generalized others.

To illustrate the self-concept using an example of suicidal older people in a nursing home, let us now return to the previous case study. To do this task, we will indicate how to use the "I" and "Me" notions in the interview.

3.2. Scenario One

Nurse Joe: "Let me know how you think or feel about yourself when you behave like that?"

Ms. Laila: "I feel that I deserve the love and respect because I do not hide my behavior and I announce it to others loudly anyway, I am doing that because I value myself and I do not want to punish myself any longer" [implying that she wishes to end her life]

In the above scenario, Laila's ideas about her behavior were generated from herself concept, "I". To continue in her behavior, Laila has put herself in the position of others - "Me" (the generalized others), and evaluated herself from their perspective. She considered herself as an object when she attempts to evaluate her own behavior as she imagines that others see it (see information about self as an object and role taking in a subsequent section of this paper).

3.3. Scenario Two

Nurse Joe: "Would you please tell me how you think others evaluate your behavior?"

Ms. Laila: "umm..., well. You know that I am doing something that others who suffer like me cannot even think to do. Sure. Other residents in this nursing home will appreciate my action as a hero... I am sure they will follow my steps... [The] nurses here, my husband, sisters, other relatives, and the two daughters will look at me as a brave and strong woman who challenged death God also will be glad because he knows that I am sacrificing myself to be beside him in heaven...."

Scenario two shows that Laila's behavior is based upon the imaginary evaluation of the generalized others (other residents, her husband, sisters, other relatives, and daughters, nurses, and God). She continued her behavior because she thinks that the others value and appreciate her behaviors (see information about looking-glass self in subsequent).

3.3.1. The Object

According to Blumer (1969), objects can be categorized into three groups: physical objects, such as chair and house; social objects, such as friends and co-workers; and abstract objects, such as moral principles or ideas.

The world is full of objects and things that have meanings for human beings. According to Blumer (1969), the world of human beings consists of not only of objects, but also human beings who interact with the generalized other on the basis of their own social meanings of these objects. The social meanings of these objects are the most important predictors for human behaviors (Chenitz & Swanson, 1986 a). These meanings of objects are products of social interactions between human beings. In other words, human beings interact socially with each other based on the social meanings of these objects.

Social interaction can be defined as a method that forms and expresses human behavior. According to symbolic interactionism, human beings actively interpret each other's gesture in social interaction and act based on their interpretations (Shibutani, 1955). Through interactions with another, human beings become aware of what others are doing or are about to do. In turn, we fashion our behavior taking into account the behavior of others with whom we interact. Human beings have to fit their own lines of activity in the same mode to the action of others (Blumer, 1969). Furthermore, social interaction contributes to develop a healthy self-concept and encourages human beings to resist behavior that violates personal values and to peruse self-confirming lines of action (La Rossa & Reizes, 1993).

There is no permanent meaning to social objects; instead, these meanings are constantly changing because they are being defined and redefined through human interaction (Charon, 2001). The definition of an object varies from one human social group to another depending on their use of the object. Blumer (1969) defines an object as "anything that can be indicated or referred to." (p.68). Blumer also indicates the meaning of object arises from the way that human beings prepared themselves to act toward the symbol. Moreover, human beings define objects based on the type of action they are about to take toward themselves to accomplish goals in particular situations, and human beings may change the objects according to their changing goals (Charon, 2001). Therefore, meaning is not inherent to the object (Blumer) and each object changes for the individual, not because object changes, but because individuals change their definition of the former (Charon, 1979).

Human beings use objects in their communications after they develop the meanings of these objects. Mead (1934) contends that there is no symbolization of objects outside of human social relationships. That is, it is the agreement on meaning among a group of humans that gives objects their designation, which is necessary for human communications to make sense. The third scenario from

the case study illustrates the social meaning of the object, and how Laila behaved upon the meaning of the object that she had.

3.4. Scenario Three

Nurse Joe: "What does suicide mean to you?"

Ms. Laila: "You know... I am suffering from several an incurable disease...suicide will cut the chain of suffering.. [it] will send my soul to the infinite world of comfort.. I believe in an existence after death in a heaven where I will continue to be with all those whom I love... therefore, if you could just hold my hand and advise me about other faster possibilities to kill myself rather than just stopping the medications and food... so that I can at least start the journey. I would be truly grateful... I believe that suicide is one kind of death of mercy..."

Nurse Joe: "I am wondering if there is anyone else who shares your beliefs and meaning about suicide?"

Ms. Laila: "I do not know if there is anyone here (in the nursing home) who shares my thoughts... but my sisters and most of my kin have the same thoughts and beliefs about suicide like me I discussed these thoughts with them several times... most of them agreed with me.... For example, three years ago, one of my cousins killed himself after he was informed that his lung cancer was incurable..., we were pleased regarding his decision because he chose the most merciful way to rescue himself from the hell of life ,we are sure that he lives a pain-free life in heaven beside God myself and other family kin invite those who are suffering and cannot tolerate the pain anymore in this life, or who cannot cope with the painful situations to kill themselves just to be happy "

This third scenario shows clearly that Laila's behavior based on the social meaning of the object (suicide). She derived this meaning through her social interaction with her sisters and kin who have the same meanings and beliefs about the comforting aspects of suicide.

3.4.1. Self as an Object

Because human beings are more developed than other creatures, they look to themselves as objects. Charon (1979) maintains that the self is a social object like other objects shared in interaction. In his elaboration, Charon asserts that human beings can use imagination to get outside of themselves, and to look back at themselves as others do.

According to Blumer (1969), "The importance of the self as object cannot be understated: it means that the individual can act toward himself or herself as he or she acts toward all other objects" (p. 181).

Taking the self as an object depends on taking the role of others (see Scenario One) (Mead, 1934) and involves a process referred to as the looking-glass self (Cooley, 1902). Taking the self as an object means seeing oneself from the subjective perspective of others. The "looking glass self" clarifies this self reference by invoking the idea of the person seeing the self in the perceptions of others, rather

like a person sees his or her reflection in a mirror. According to Michener and Delamater (1999), the human self is viewed as both the source and the object of reflexive human behavior. That is, the human self is both active and passive in the process of taking oneself as an object. The active aspect of the process is that which Mead refers to the “I”, the active part of the self that initiates thought and action, which is the source that generates, or gives rise to, reflexive human behavior. The passive aspect is the object toward which human reflexive behavior is directed (Michener & Delamater). Thus, depending on the internal conversation between “I” and “Me”, human beings can determine how to choose their behaviors in a particular context.

3.4.2. Role Taking

For symbolic interactionists, the process of interaction in which a human becomes an object himself or herself is called role taking. As Mead (1934) indicated, role taking involves imagining oneself as one is seen by others. In other words, role taking involves seeing oneself from the standpoints of the generalized other (see Scenario One). As previously indicated, the generalized other is understood as “the organized community or social group which gives to the individual his unity of self” (Mead, 1934, p.154).

3.4.3. Looking-glass Self

The symbolic interactionist Charles Horton Cooley was interested and concerned in the development of human self like Mead, but his views differed significantly from those of Mead. Whereas Mead viewed the human self as the result of objective factors of interaction in a symbolic world; Cooley viewed the human self from another angle, he viewed the self as result of the subjective process of a human being (Lauer & Handel, 1977). Cooley (1902) defined the self as “any idea or system of ideas with which is associated the appropriate attitude we call self feeling” (p. 244). Cooley suggested that human beings define and develop themselves in every situation as result of an imaginative process and emotions to reflect attitudes of others through what Cooley called looking-glass self. In case of looking-glass self, human beings reflect attitudes of others and evaluate themselves as they looking into mirror (see Scenario Two) (Cardwell, 1971).

3.4.4. Definition of the Situation

Thomas (1937) provided a classical way of thinking about the meaning of definition of the situation: “Preliminary to any self-determined pattern of behavior there is always a stage of examination and deliberation which we may call the definition of the situation, but gradually a whole life-policy and the personality of the individual him (her) self follow from a series of such definitions” (p. 42). Thomas pointed out that through development, humans have acquired an ability to define and construct situations through the symbols of their environment. However, the process of definition of the

situation is a powerful process because to define the situation is to represent the environment symbolically to the self so that a response can be formulated (Lauer & Handel, 1977). Moreover, because humans live in a symbolic world, they respond to any particular situation through how they define that situation, rather than how the situation is objectively presented to them (Lauer & Handel). Therefore, understanding how humans define the situation leads to understand why they behave as they do in that situation.

3.5. Scenario Four

Nurse Joe: “Would you please tell me what does this place (the nursing home) mean to you?”

Ms. Laila “Oh my God... it is a transit point between earth and heaven... it is a place of pain, suffering, isolation, and death...it is the hell on this planet... it is an airport where those who are suffering wait their flights to heaven... I would never wait for my flight for such a long time like the others”

This fourth scenario illustrates that Laila behaved in a manner consistent with her definition of the nursing home. She defined the nursing home as a place of death; therefore, she does not wish to wait for a natural death in the nursing home. That is, she wants to make the process of death faster by choosing not to eat or take her prescribed medications.

4. Implications for Practice

Individuals involved in older people nursing need theories for practice such as symbolic interactionism. This framework would afford knowledge to facilitate a fuller understanding about creating a psychosocial context that would prevent older persons entering the nursing home from committing in suicide. Thus, symbolic interactionism as a framework might serve as a basis of development initiative in these long term care settings in such way that professionals would become more reflective and thus aware of the multi-contextual influences and meanings that we collectively refer as spiritual distress among older people (i.e. suicidal thoughts and behaviors).

Because symbolic interactionism concepts are a useful root language for understanding human behavior, those in older people nursing would have access to an assessment tool that assesses the older person’s cognitive and intellectual thinking, interpretation of the suicide as a symbol, and how they react to the significant others in order to determine their suicidal risk.

Based on a fuller understanding about the meaning of what one calls suicidal behavior among older people, staff in older people nursing would come to recognize the need to incorporate their clinical, theoretical, and research experiences to develop a special intervention protocols that would correct the misconceptions about the meaning of suicide and promote the connections that older people in

residence health settings have (e.g., development of inner peace; or connections with others; connections with music, art, or nature; or connections with the power greater than oneself.

5. Conclusion

Nurses as well as other health care providers who interact with older people are in a unique position to integrate concepts of symbolic interactionism in their caring practices. This integration will enhance their understanding about: how older people create meanings about objects through their social interaction; interpret these meaning through their self-concept; and how they behave based on their meanings of the objects. Knowing the cyclical internal communication between the elderly people and themselves through processes of role taking and looking-glass self helps nurses and related mental health professionals to interpret the present behavior and past experience, and to predict the future behavior of this population. Moreover, health care professionals who use symbolic interactionism concepts in their interactions with suicidal elderly people will be more easily able to enter their world, depict their thoughts and beliefs, understand their experiences. Then, these mental health care providers can return back to their world to develop caring interventions that these older people experiencing suicidal thought perceived as more meaningful.

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