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# An exploratory study of how attitudes affect the eating habits of children who are mentally ill.

BOSTON UNIVERSITY SCHOOL OF NURSING

# AN EXPLORATORY STUDY OF HOW ATTITUDES AFFECT THE EATING HABITS OF CHILDREN WHO ARE MENTALLY ILL

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# CHAPTER I

# INTRODUCTION

## Justification Of Problem

The study of groups within a psychiatric ward setting has long interested the investigator. Nurses in psychiatric hospitals must be able to function as leaders when working with large numbers of patients. As a general rule, nurses learn to work with individual patients and have been taught to try to meet the needs of individual patients. In reality, it has been relatively impossible for nurses to work with singular patients. The stepping stone to working with groups should probably be learning to understand this individual relationship; however, there appears to be a real need to understand how groups function and what the nurse's role is with groups of patients.

Recognition has been given to the fact that nurses need to learn to work with groups of patients. There has been literature published about group work with patients by doctors within the framework of organized group therapy. However, there has been a lack of published material about nurses working with large numbers of patients in a ward setting. Textbooks refer to the fact that the nurse will meet large numbers of patients in a ward, but offer no techniques to help her work with these patients. There is little indication of how these groups are made up or how they function.

There have been, in psychiatric literature, references to what personnel group pressure can do to frighten or make the nurse anxious. References have also been made to the support which the nurse may obtain from personnel with whom she is working. Also in many of these textbooks, there have been references to working with groups of patients, but when one looks at the actual table of contents, one finds that the outline for the text refers to working with individual patients. One example of such a text is The Nurse And The Mental Patient by Morris S. Schwartz and Emmy Lanning Schockley.[1] This is meant not as a negative criticism, but as an illustration on one hand of the need, and on the other of the paucity of material to which nurses can refer when caring for groups.

Perhaps there are no groups within a ward setting, and this is the reason that there have been no investigations. The author seriously doubts this to be true. It is the intention of this author to use the word, group, to mean a number of people who by chance are in the same ward setting.

Within a ward, it is not possible to see these people in any other way until further studies are done about groups of patients, how they function and how they interact.

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[1]Schwartz, Morris S., and Schockley, Emmy L., The Nurse And The Mental Patient, page 3

It is interesting to note that in most programs for graduate nurses in psychiatric nursing, there has been much emphasis placed on learning group techniques and the students frequently have been in a formalized group-technique study class. In this instance, group is defined as a number of students under the guidance of a leader who has been trained to understand group dynamics. The students, in turn, through actually participating in group processes learn techniques to become leaders and to help others with group techniques. There is, however, a vast difference between the two types of groups as illustrated. One group, the patients, appears to be relatively instructed; appears to have little as a common goal; is not led by a skilled leader; and is not necessarily going to learn group work techniques. The patient group appears to be, on the surface at least, very much different from the student-leader type group.

This interest in group work and the need to further explore this area was more sharply focused for the author during her field work with hospitalized mentally ill children.

It was decided to observe the children at the supper meal, including observations of the hour before and the hour after. This decision was reached when it became obvious that this was the only period when all the children were together. It was supposed that observations might be made of the interactions with one another.

## Approach To The Problem

This study of group interaction had as its setting the Children's Unit of the Massachusetts Mental Health Center. The Study began in October 1956 and ended in June 1957.

There was a sum total of thirteen children in the ward at various times throughout the study. There was only one child who remained on the ward for the entire period.

At first, the author went to the ward three times a week in order to become acquainted with the personnel and the patients. Observations were recorded after each visit. Upon reading over data collected by December, it became obvious that much more definite techniques would have to be used if anything meaningful was to be learned and recorded.

About this time, there appeared to be a very definite need to understand or begin to understand what was happening with this group of children.

The personnel, who were all vitally interested in learning about and caring for these children, were becoming exhausted from the "acting out" of the children. Some of the children were constantly teasing both other patients and personnel. Others were "acting out" by running away, either within the institution or away from it. Verbal arguments between the children were frequent. The older children built a house with play blocks and used it to hide from the adults. Smoking, which was not allowed, became an open issue between

the patients and the personnel.

Any one of the above stated problems of acting out could have been a subject for research in itself, and herein lay the over-ambitiousness of the entire project. The investigator primarily had chosen too broad an outline, praiseworthy perhaps, but impossible, which was not appreciated until an attempt was made to pull the material together.

The initial observations were, therefore, poor. The author had not decided on a basic method for recording. To attempt to study large groups with an age range of ten years, with the varied problems of growth and development, plus the different type personality difficulties these children had, at least to the author, at the present time appears to be impractical.

The original hypothesis was that there is an organized group within this particular ward setting which can be predicted to act in certain ways under certain conditions. This hypothesis, of itself, was too broad and needed to be refined.

Notetaking was a problem, and it was decided only to record after leaving the ward. This routine was maintained throughout, because it was felt that the patients might lose confidence if they saw the author race into the office to jot down notes at various intervals.

It was pointed out, by others, that it would be necessary to take eating habits, food likes and dislikes, etc., into

consideration. However, in the very beginning, it was felt that these aspects of the meal could be ignored because group interaction was to be studied. This was a calculated decision with the hope that it would be possible not to consider these other factors as part of the study. It had to be revised, because it became obvious that it was impossible to ignore eating habits and attitudes about food.

Up to this time, it had been decided not to include the personnel in the study because it was the patient group which was to be focused upon. The reason for this decision is now not very clear because it became very obvious that the group could not be so arbitrarily separated. Patients influenced personnel, and they in turn influenced the patients. Within this hospital unit, patients and personnel eat together. This is partially intended for supervising the meal and partially for communication between the two groups.

There is today much teaching about basic nutrition in our society. Most people have been affected by the many articles that have been written about what is good nutrition. It would appear that it is difficult not to carry over this learning to the actual meal setting.

Deeper, however, than just the learning about the basic seven are the many subtle implications that food has for us. The need for food is one of the earliest which brings the baby into contact with other people and this is the beginning

of relationships with others. There are so many attitudes and myths tied up with the eating process and with food itself that they certainly cannot be eliminated from any study which has the dining table as its setting.

It was decided to narrow the study further and try to find if there were certain predictions that could be made about behavior through studying the group during the meal itself.

The hypothesis was that there are attitudes within a group eating together that will produce predictable effects.

# CHAPTER II

## Theoretical Framework Of The Study

In the book, Psychology of Diet and Nutrition,[1] the authors agree that there is a need for psychiatrists to understand the principles and concepts of nutrition and for nutritionists to understand the principles and concepts of mental hygiene. In fact, they discussed at some length the term "psychodietetics" which indicates the close relation between the two subjects and the need for more cooperation on the part of the two professions to attack adequately our present nutrition problem.

> "A general understanding of the cause of eating problems among all people who handle children would result in a change of method in teaching nutrition. It is not enough to tell mothers what the essential foods are and the amounts that a child should eat to insure adequate intake of all known nutrients. This fragmentary, unrelated nutritional knowledge has been responsible for much forced feeding. When mothers hear that certain foods are essential to their children's health, they worry if the prescribed amount is not eaten. As soon as a child is forced to eat, he not only rebels against the food in question, but may also be conditioned against all foods, against mealtime, and all associated matters."[2]

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[1]Selling, L. S., and Ferraro, M. F., Psychology of Diet and Nutrition, New York, W. W. Norton & Co., 1945

[2]Poehler, Hedwig R., Dealing in a Habit Clinic with Eating Problems of Children, pp. 698-700

Much of the literature which was read in preparation for this paper was similiar to the above references; that is, a need for more understanding of the individual child and of nutrition per se.

In an article in the Journal of the American Dietetic Association,[3] the principles stated as being good, in terms of hospital feeding of children, have been provided for more than adequately in the children's ward which was studied.

> "Residential treatment of disturbed children is a fairly new field, but one for which there is a great demand; and we can look to widespread expansion of residential treatment facilities in America in the coming years."[4]

> "Regardless of what happens in the direct treatment experience with the psychiatrist, these children require an accepting and gratifying living situation, oriented to meet individual needs. For this, a large staff is required. At present, in addition to our medical, nursing, attendant, psychology, and social service staffs, we have a school on our ward, an occupational therapy shop, a program of remedial reading, a project in psychodrama, and an intensive recreational program."[5]

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[3]Jordan, Isabelle M., "The Nurse's Approach to the Feeding of Children", Journal of the American Dietetic Association, Vol. 25, July 1949, pp. 630-632

[4]Rabinovitch, R. D., and Fischhoff, J., "Feeding Children to Meet Their Emotional Needs", Journal of the American Dietetic Association, Vol. 28, July 1952, p. 619

[5]Ibid, p. 620

> "If there is one factor common in all these approaches, it is probably the use of food as an adjunct to therapy. As we survey our program, it is amazing to note how, spontaneously and insideously, rather than by plan, food has come to play so important a part in the total treatment. Our children always seem hungry, and if they are to feel gratified, food must be available."[6]

In all these projects, the symbolic significance of the food is of much greater importance than the food itself. Preparing, taking, and giving food all have specific values for children, with participation in the various projects stemming from each child's individual needs. The more infantile the child, often the greater are his oral needs, and therefore the greater the meaningfulness to him of accepting food and eating it.

The study by the Doctors Rabinovitch and Fischhoff[7] appears to be the only one that could be directly associated with meals themselves, in terms of how children who are disturbed have greater problems in the area of eating than do "normal" children.

In their article, they stress the importance of normal growth and development and the fact that those feeding children should have a good background of this knowledge.

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[6]Ibid, p. 620

[7]Ibid, p. 620

They also note,

> "Cultural pressures have been considered in their particular relation to feeding, and we have pointed to the unsalutary tendency to invest feeding with moral issue-raising."[8]

There is, however, little reference to how attitudes may affect the children in the actual situation.

It was noted in observing the group during the mealtime that it appeared there were factors not too easily identifiable which caused the children to eat, not to eat, and to use the food as a means of teasing. The author finally decided that these factors might be more easily seen if what actually happened was recorded in as much detail as possible. It was also felt that a definite hypothesis could now be made and that it could be tested.

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[8]Ibid, p. 621

# CHAPTER III

## Methodology

The most logical approach appeared to be to record every day what happened at meal time. Conversation, reactions, food served, amounts eaten, interruptions, the people who were present at the meal, and those who were on duty and did not join the others for the meal, for whatever apparent reason, were all recorded. These were placed aside and not looked at until thirty successive recordings were obtained. Then these were carefully read and certain observations made. New hunches appeared and it was difficult to decide which leads to follow. After reading the observations very carefully, it became apparent that one aspect of attitudes must be validated more scientifically and that some tool would have to be devised to meet this need. There appeared to be some significance in the conversations which the group had, but there was not as yet enough data obtained to validate this hunch.

Several approaches were then tried. The first was to select a typical supper menu for a week and ask the patients how they felt about these foods. Three patients did not participate because two of them were, for all practical purposes, mute, and the third did not wish to participate. Careful observation became necessary to see how they reacted to the individual foods at the meal. The personnel were also

asked to participate. They expressed it by means of a check list. The questions for both groups were based on a four point scale. The four points were like very much, like, dislike, and dislike very much. The limitation here is obvious in terms of the three children who could not respond, and there had to be an estimation of how much they liked or disliked the particular food. However, after several weeks of watching these three, a fairly clear picture evolved about their likes and dislikes. Although these particular tools were not conclusive, they did indicate certain trends.

Another questionaire was then devised. Patients and personnel were asked to select three members of the personnel and three patients with whom they would enjoy eating. They were to choose from the total personnel group and from the thirteen patients who had been on the ward.

The four people who worked evenings most regularly were given both of the above questionaires. Seven patients participated. Five of these were still in the hospital, and two of them had been discharged and were returning for interviews with their doctor.

It was most difficult, at that time, to see with whom the two mute children preferred to eat or whether it made any difference to them. This questionaire was very revealing, but not conclusive about attitudes.

One more questionaire was evolved and was given to the four adults. It consisted of statements such as, "Children

should eat all their meal before being served dessert". They were asked to write their opinions. The questionaire revealed some trends, but was not conclusive about the attitudes of the adults.

The last and best approach was the one which the author decided to use. All of the observations were taken, in chronological order, and every other one was studied for common themes. The remaining ones were used as a control. The study became limited to the three youngest children on the ward, all age six.

There were several common themes that could have been studied, but it was decided to focus on conversation and its results to measure how attitudes can be predicted to cause certain outcomes.

# CHAPTER IV

## Findings

The results of this study could not be explained too well without first indicating something about the actual observations themselves. It is hoped that the reader will be able to see by the use of examples how the decision to study the three youngest children evolved.

The process, as described in the earlier chapters, was a slow one which needed constant evaluation to see what actually was being learned through the study of this particular group of patients and the interaction between them and the personnel who were caring for them.

The personnel who were most involved in the care of the patients on the evening shift consisted of two women registered nurses and two men aides. As a group, they appeared to have a sincere interest in the care of these children. They also used, frequently, many of the resource people in the Children's Unit to obtain more knowledge about the specific care of individual children, as well as to obtain information about child psychiatry in general.

The children included in this study were five girl patients, thirteen years of age; three boy patients, age twelve; a boy and a girl patient, age eleven; and the three six year old boys about whom the study eventually was focused.

Those most frequently mentioned, however, will be the seven patients who were studied from February until June, 1957.

## The Children

Betty was a thirteen year old girl who had been admitted to the ward after she had run away from home several times. She appeared to have much difficulty in the area of how to deal with authority. This, however, is not too different from most adolescents' difficulties.

> "The young adolescent usually senses all of these obligations at least vaguely. He longs for freedom from adult authority, yet he dreads the responsibilities of adult living. He looks forward eagerly at one moment, yet he looks back longingly to the security and freedom of childhood at another moment. This explains some of his inconsistencies, since he is clean and "prinked up" to a point of silliness one day, but slovenly and dirty the next. He works feverishly for a time, then relapses into childhood's comfortable laziness. He is businesslike and dependable, cooperative and eager, one time, yet rude, uncooperative, and defiant the next. He gives every evidence of his ambivalent feelings about growing up and he shows clearly his state of confusion about his changing feelings, his temporary organic incoordination and instability, his eagerness to measure up to adult expectations, his conflicting fear that he may not do so, and his contrary inner need to defy authority."[1]

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[1]Breckenridge, M. E., and Vincent, E. L., Child Development, p. 541

She was rather a charming child at times who would be extremely cooperative with the wishes of the adults about her. At other times, she readily assumed responsibilities for some of the care of the three youngest. Most people who worked on the ward felt that she was the leader of both acceptable and unacceptable behavior. The acceptable ones would be considered as those which promoted general quiet and peace. Very often, this patient could be engaged in a table game, and she appeared to be influential in getting others to join. A few times, she urged patients who had run away from the ward to return for their own benefit.

However, there were times that what were considered to be unacceptable acts were attributed to her leadership. These acts would be such things as smoking in the girls' lavatory, running away from the ward, closing the door of the music room when there was no one to supervise, and openly stating she would not do something which had been requested of her. The other adolescents appeared often to follow her lead. Whether she was the actual leader is not the subject of this study, but it is of interest to note that those who worked continually with the children perceived her to be the leader.

Jane was a thirteen year old girl who also had problems in the area of adult authority and resistance to it. She had difficulty also with school authorities who felt she was not a suitable pupil. The child herself preferred not to attend

school and had not been there since the closing in June 1956. This patient appeared much older than her stated age, and fear was expressed by some about her size if she did become involved in an argument. Her ward behavior consisted of a series of moods. One part of the day she would appear very cheerful and outgoing. Very often, she would suddenly appear to be very sullen and would respond minimally or not at all to queries about what the matter was. She ran away from the hospital several times and had to be restricted to the ward so that she would not be tempted to run away. It was felt by most of the staff that she had to be protected from her impulse to leave and that it was a very frightening experience for her to control the situation. Jane and Elsie appeared to rival one another for the approval of Betty.

Elsie was an attractive thirteen year old girl who was admitted to the hospital because of her fears about going to school and meeting people. She also had a history of severe temper tantrums and the family stated that they had always given in to her in order to avoid these scenes.

It would appear that children want some controls and fear what they will do if controls are not imposed or implied by the adults about them. This is indicated in Truants From Life by Bettelheim,[2] particularly in the chapter about Paul. Here the

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[2]Bettelheim, Bruno, Truants From Life, Part II

author tells the story of a boy who wanted the only kind of control which he had known, that of control from the outside. Bettelheim further explains the need to learn inner control so that the child will not become overwhelmed by his own power. Paul first had turned all his anxieties inward, and then when admitted to the Orthogenic School had begun to turn his anxieties outward by setting fires, overeating, etc., to test the adults in the environment. The philosophy of this school was to help this child develop inner control, but also to relieve him by not allowing the fires to reach major proportions. His overeating was allowed because he would eventually, it was hoped, gain inner control over this activity.

Elsie did not display the behavior about which her family had given a history when she was first admitted. She appeared instead to test the environment in different ways. She did not eat when first admitted to the hospital. All meals were refused and she appeared somewhat startled when she realized that no one was going to force the issue. "You mean I don't have to eat", was expressed more than once by her. She also went to bed at night with her clothes on and this was accepted easily by the personnel, who urged her to change, but did not insist.

When she was first admitted to the hospital, she had her hair neatly curled, wore a small amount of makeup and relatively feminine apparel. Following her first weekend home, i.e.,

two weeks after admission, she returned with clothes similar to what Betty wore, tight levis, heavy buckled belt, white "bucks", and a startling change in hair style had appeared. She wore no make-up and had her hair slicked back in an Elvis Presley style.

It would appear that the personnel had reason to suppose that Betty was the leader of these three adolescent children. Listening to "Rock and Roll" music was the favorite activity of the three girls, especially Elsie.

Louise was an eleven year old girl, who was very different from the three discussed above. She was admitted to the hospital for study as an atypical child. Her overall behavior was odd. She would, as an example, be watching a television program when suddenly she would arise from the chair, race to a far corner, roll her hands, smile or giggle, and then would very often sit and watch the program again. This behavior would tend to occur over and over again during the course of the day. Her voice was high pitched and very flat in affect. She seldom displayed joy or sorrow. She frequently asked personnel to tell the other patients what to do or not to do. When she was told to tell them herself, she would, by repeating exactly with the same voice inflection, what the adult had told her.

The three older girls would often ask her to sing certain songs while the records were being played. She would usually

oblige them in a loud, flat and nasal voice, much to their amusement. She often appeared to be a scapegoat for their pranks, and although she asked personnel to make the other children stop teasing, she appeared to enjoy some of their attention, because she would frequently repeat the same performance after the intervention of an adult.

She would frequently allude to the three young boys as love objects. Sometimes she would kiss them, and other times she would hug them so hard that they would cry out. Essentially, she was always by herself. The other children did not seek her out and she never made attempts to either initiate or participate in any activities with them. At times, she did seek out members of the personnel to ask them to play Monopoly or a similiar game with her.

Don was a dark-eyed, light-haired boy of six years. He was admitted to the hospital for an evaluation because he did not talk. He had begun to talk at about age two, but had stopped completely prior to his admission to the ward. He was an over-active child, who ran about the ward in what appeared to be a fairly aimless fashion. The child often picked at and scratched himself. He appeared to relate only to one member of the staff. She could hold him for long periods of time; he appeared calmer when this happened and he smiled more frequently when she was around.

He was difficult to approach in the sense that he would allow someone to hold him for only a short period of time. He

would either run away or would appear to be about to bite the adult, or would actually pinch.

There was always the danger that he would some day eat something that would cause him to become sick at his stomach. Everything he got his hands on went in his mouth. For this reason, the adults were more apt to interfere in his activities than with the other children.

Betty was perhaps the one he related best with in the patient group. She was able, on many occasions, to hold him while they were watching television. She liked him, and she expressed this feeling many times.

Robert was admitted to the hospital because he was unable to get along in school. He, also, was six years of age. The most outstanding and startling aspect of this child was his ability to read. Everyone was most impressed, patients and personnel alike. He would, at least when he was first admitted to the ward, demonstrate this ability at anyone's request. His parents were tremendously proud of this achievement. This boy appeared, very often, not to know who was around him, or whether anyone was there. One particular incident might serve to illustrate this. In the playroom one afternoon, he and one of the nurses were together. She was attempting to interest him in an activity. He did not answer her, but did make a few requests that she get him various toys. At one point, he saw a game which evidently he decided to obtain for himself. He walked right over the nurse's foot

and leg and did not appear the least bit aware that he had done this. Even when it was pointed out to him, he ignored her and the statement, and began fingering the cards in the game. He had many eating difficulties, because he had so many definite food likes and dislikes. His mother had brought a list when he was admitted to the hospital.

George was a dark-haired, dark-eyed boy who was admitted to the hospital because of his extreme over-activity. His mother was unable to control this behavior at home. He could talk, but would usually repeat the same thing over and over. Although he was six years of age, he appeared younger to most people. It was not his stature, because he was as big as the other two boys, but his facial expression often was that of a child much younger.

He moved quickly about the ward, frequently making loud vocal sounds which could not be understood. Sometimes he would scream the same words over and over. On the ward there were blocks to play with, and he appeared to enjoy building them up and then knocking them down.

This child also appeared to be able to form some relationship with the same nurse as Don, who became upset sometimes when she held the newcomer. Even when she offered to hold them both, Don appeared to object and seemed unwilling to share her with George. As time went on, they would push and hit one another when passing, and never appeared to be able to share.

George also appeared to be more relaxed and able to accept cuddling from one of the other nurses. Sometimes, he would call her "Mama".

These last three boys mentioned are the focus of this study. None of them was like the so-called average six year old.

> "Entrance to school tests the adequacy of the previous physical as well as psychological development, since it demands physical strength, a reasonable resistance to colds and other diseases, the ability to leave home and mother, the ability to concentrate for at least short periods of time, adjustment to an authority other than the parents, a capacity to be with other children without fear on one hand or intoxication on the other. It requires reliability in toilet habits, independence in dressing (at least the outer garments), ability to understand and to speak language, sufficiently developed sense perceptions to warrant success in school subjects."[3]

> "Particularly evident during the elementary school years is the abundance of energy which makes "roughnecks" of these children. Their movements are vigorous, their voices loud. For boys, there is great emphasis upon "being a regular guy"; shirts are hanging out, sox rumpled, and hair is mussed as evidence that one is not a "sissy".[4]

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[3]Breckenridge, M. E., and Vincent, E. L., op. cit., p. 537

[4]Ibid, p. 537

> "Both boys and girls fight as they develop an aggressiveness which seems to be at a premium in our American concept of "looking out for oneself". They have great need for activity, both physical and mental. Control over the body proceeds rapidly as the child practices physical skills by the hour. Control over the mind is also challenging, and most children enjoy the feeling of having learned new and difficult things."[5]

These short sketches were intended to be a brief introduction to the children and to state some of the difficulties which they had.

These children as a group within a ward setting were separated, at least in the eyes of people who worked with them, into three distinct groups. The three oldest girls comprised one group, of which Betty was felt to be the leader. The twelve year old girl was isolated from them, either by her sickness or because she was so different from them. The three little boys were the third group. They seldom interacted, except when it appeared that Don and George became jealous of one another.

## Presentation of Data

The following example was one which was done early in the study. It was one of the alternate series to study recurring themes.

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[5]Ibid, p. 537

Example I

Before Supper

Children were all in the music room. Don was running in and out of the room; he occasionally demohstrated a preference for a student nurse, who was covering the ward, on that particular evening, by sitting on her lap and remaining quiet. He just sat and stared at her, occasionally smiling.

Robert was sitting on the sink board smiling at himself in the mirror. He carried on this particular activity for about forty-five minutes.

Betty and Elsie were playing records. One of the former patients, Denny, was visiting and was talking to them about his school activities for that day.

Louise sang out vigorously every time she was asked by Betty and Elsie. Other than that, she just sat smiling and occasionally she would roll her hands in the air, some times laughing aloud when she carried on this particular activity.

Supper was then announced by Nurse B. Don and Robert were brought to the boys' lavatory to be washed up. They appeared to enjoy this activity very much and splashed water around the room displaying much energy. A game was initiated to see who could dry his hands the fastest so that they could go to the supper table.

The other patients were sitting at the table, including Denny, and the adults who were present included Nurse B, the

student nurse, and the investigator.

The food was passed. Don was served by one of the older children.

Nurse B, "Sit down and eat, Robert." She urged him further and offered him the meat pie by telling him how good it was.

Robert, "No, I don't want to eat." This was repeated several times. She urged him some more and he began to scream, "No, I don't want to eat."

"All right, eat bread," said Nurse B.

She followed this by discussing his state of health, his weight, and his yelling when he did not want to do something. At the same time, she was preparing his bread and butter, which he accepted.

Louise, "Don't look at me like that, Denny."

He said, "What do you mean?" He was obviously staring at her and raising and lowering his eyebrows. Laughter followed his question.

Betty and Elsie, "Ya, what's the matter, girl?"

Nurse B, "What is he doing to you?" She did not wait for an answer and then went right on to say, "I need to go on a diet." The student nurse then said that she should also go on a diet.

Betty said, "You're always talking about going on a diet."

Elsie stopped eating.

Nurse B, "Are you on a diet?"

Elsie, "No, I'm just not hungry." She had eaten some. After this short interchange, she left the table.

Robert left the table, taking his bread and butter with him.

Don left the table.

Nurse B to him, "Are you through? Bring your plate up to the counter."

He did this and at the same time grabbed for some of the dessert.

Nurse B, "No, don't do that. I'll get it for you."

He ran away to another part of the ward.

Nurse B, "Guess he didn't want it. I'll eat some and go on a diet tomorrow."

Betty, "Huh, just like I said." (walked away from the table)

Louise bounded up from the table and took her dessert saying, "Denny, don't look at me like that. Make him stop."

Denny asked, "What do you mean?"

Nurse B, "Do you think he is staring at you?"

Louise, "Yes, he is."

Nurse B, "Why do you let it bother you?"

Louise, "Never mind, stop it."

Both patients left the table, heading in opposite directions.

The personnel were left at the table. A crash was heard and Nurse B, from the table, told Don to stop knocking the blocks over.

Nurse B, "I'm tired. I've got to keep them busy. It's my activity night. It's hard to keep them all busy. I'll play ball."

From the other end of the ward came the sounds of older children yelling at Robert. Nurse B went and told him to stop. She did not ascertain what it was he was supposed to stop. She returned to clear the table. Aide A returned to the ward and started to help clean up.

After Supper

The children were watching television with the older ones constantly yelling at Robert to stop standing in front of the screen. Betty finally held him, and he appeared to relax.

## Discussion

There appeared to be several themes that could be seen in a series of such above recordings. This particular one which was chosen to illustrate did not include Jane and George because they had not been admitted to the ward.

The themes that became somewhat apparent were:

1. that too much urging caused the child to become upset
2. that talking about dieting caused Elsie to leave the dinner table the seven times that dieting was discussed

3. that Don would run away from the table when there was an interference in food selection
4. that there is a need to observe more carefully before interfering in an exchange between two patients
5. that there is a need to ascertain facts before interfering in a child's activity even when others are protesting his activities

A snap judgement could have been made about any of these themes, because there were many observations from which to draw. However, each one should be considered more.

> "The child, because of his unique psychological constitution responds individually to emotional as well as to physical factors. Two children in the same family do not respond alike to what on the surface appears to be the same physical environment, as we have seen. Neither do two children in the same family respond in the same way to what may appear on the surface to be the same emotional environment."[6]

Each child should be considered to be an individual, sick or well, and each of the children responded in a different way to the stimuli in the environment.

The observations which were made had to be carefully evaluated. The first one was that too much urging caused the child to become upset. This particular child had problems in the area of eating before being admitted to the hospital. The nurse made further observations about his state of health,

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[6]Ibid, p. 98

height, etc., and these were without valid evidence. The pediatrician who had seen this child several times since his admission to the hospital found him to be a healthy child. The threat of ill health had more significance to the nurse than to the patient. As a nurse she had learned that good nutrition is part of good care of the sick patient. Further evaluation of this particular theme will follow the next recorded observation.

The second theme was that talking about dieting caused Elsie to leave the dinner table the seven times it was discussed. The evidence for this statement was almost overwhelming. It was to be remembered, however, that this child did not eat when she was first admitted to the hospital. A short time after this conclusive evidence was found, the child began to eat and was not affected apparently by any further discussion of dieting. Further study of the control observations demonstrated that she did not eat or ate very little even when dieting had not been discussed. It would have been very easy to fall into this trap which so obviously had presented itself.

The third theme was that Don would run away from the table when there was interference in food selection. There were several things that had to be considered about the evidence which was presented in relation to this particular observation. This little boy had some asocial techniques which he used when

eating, although these are not evidenced by this particular observation. Many times he had smeared his food; had spilled his liquids; had poured the liquids into his solid foods; had covered himself with his food; had splashed it so that those sitting near him were spattered; had eaten all his food with his fingers; or had a temper tantrum and had refused to eat any of it. He was a very over-active child who was inclined to run about the ward frequently and there needed to be more clarification about whether he was influenced by what had been said to him.

The fourth theme that there is a need to observe more carefully before interfering in an exchange between two patients is one which appears to be pretty self-evident, but there needed to be further study of this particular problem. One way to approach the task was to directly ask the nurse if she had observed this particular interchange between the two patients. This was done, and the nurse said that she had noticed what was happening and had hoped to offer support to Louise. This support was to help her stand up to others and not to constantly ask the adults to care for her immediate problems with other patients. She hoped, also, to let the patient know that she should not become upset just because she was being teased. Other incidents were discussed and similiar reasons were given for interfering between two of the children.

The fifth theme was that there is a need to ascertain facts before interfering in a child's activity even when others

are protesting his activities. It was decided to approach this problem by direct questioning, also. The nurse stated that she knew that this patient was always doing this type of thing which interfered with and caused difficulties for the other children. When questioned further about what the reasons for stopping him in this particular instance and in others were, she was unable to clarify her statement any more than what she had first said.

This child had on many occasions stood in front of the television, changed the station, shut it off, or had done similiar things with the record player. However, one could not state that he always was doing this. The nurse perceived him as always doing things which interfered with the group's activities. This warranted further investigation.

The next example of an observation was done about half way through the study. It was made purposely more brief than the early ones. The middle series were all more brief. Further attempts to draw on themes were made to see if any newer ones could be focused upon.

Example II

All the patients except Don were in the music room. Visiting on this particular evening was a former patient, James. Aide B, Nurse B, and the author were also present.

Everyone was fairly quiet except James who was asking riddles to which there were no particular answers. Betty,

Jane, and Elsie were becoming quite upset with him and told him to keep quiet. He didn't. Supper was announced and this stopped the verbal exchange between the girls and him.

Supper was served. Neither of the two youngest had been asked to wash up that night. Robert took his bread and butter and sat at the table to eat it. Don was served by Aide B and proceeded to eat with his utensils. He soon gave these up and used his fingers. No comments were made.

Aide B talked to the group about a trick he'd played with garbage not too long ago. The three older girls had thrown garbage in the dishwashing machine the night before, but no one had mentioned this incident either in the music room or at the table.

He continued with all the possibilities there were for which garbage could be used to play tricks. The older girls and James became very excited and joined in with the possibilities for which garbage could be used. They became extremely loud when making their suggestions.

Nurse B attempted to change the subject by asking the girls what they had been doing all day. They did not respond particularly to her lead, but began to talk about some boys they knew. They became much quieter and were teasing one another about various boys. They began to tease Louise also about a boy. They appeared to be trying to bring her into their conversation. She did not join; made no comment, but appeared to be listening to them.

Aide A joined the group and asked Betty about her day's activities. From this, began a generalized conversation about the Occupational Therapy Department. Jane and Elsie began to tease Betty about a handsome man patient from the adult wards. After supper, everyone sat around and watched television.

Discussion

This particular method of recording observations did verify, in part, some of the themes that had been illustrated previously, but did not clarify them too much more. For example, it became obvious that Robert would sit and eat his bread and butter if no one urged him to eat the other food which was being served. Don would eat most of his meal if no one interfered, by commenting that he was doing well or poorly.

The author wanted more clarification of what was actually happening in the interaction between the two groups in relationship to the meal itself and what attitudes caused children to eat or not to eat. The questionaire previously mentioned of selecting a week's menu and asking patients and personnel how they felt about these foods was used. There appeared to be some correlation with the adult group between liking food very much, the stated response that children should eat all foods because they were good for them, and an observable need to control the eating habits of the children. There was not enough evidence to support any of the observational themes.

The second questionaire which was devised was one which asked both patients and personnel to select three people with whom they would like to eat. This was to include three patients and three members of the personnel.

Some interesting observations were made from this particular test, although it was not a conclusive one. For example, Aide A chose patients who had been discharged. He seldom ate at the supper table with the group. He usually either ate in the kitchen or left the ward during the supper period. Whenever his first choice from the personnel group ate supper with the children, he usually did also. He was the one most chosen by the patients as the one with whom they would like to eat. Further questioning of patients revealed that they liked to eat with him because he was fun. It also developed that the occasions which they remembered were times when they had been eating alone with him or there had been only a small group of children present. Further clarification, by reviewing early observational material, showed that this aide had eaten more frequently with the group when the patients he had selected were still on the ward.

One of the patients and none of the personnel selected Nurse B, who was the one who had the strongest feeling that children should eat all that is put in front of them. She had, it was observed, much difficulty in allowing the children to leave the table without reminding them that they should have

eaten more.

The three oldest girls were the most popular choice of fellow patients, and Betty and Louise were the most popular choice of the personnel.

This questionaire was not conclusive, but did support the hunch that attitudes did affect the children's eating patterns. It appeared that it was necessary to collect more data and to focus on the three youngest children. The hunch came not from the test itself, but from the conversation which followed after each person took the test.

Example III

Robert came to the table to stand for a while and then ran away. Aide B sat next to George with Don sitting opposite. The children were both served by Aide B. He urged them throughout the meal to use their utensils to eat. They both mixed all their food together and poured their milk into this mixture. Both children were eating this either by picking up the dish and drinking, or by putting their faces down to it and "slurping" it up.

Nurse B, "I don't mind their messing, but when they mess a mess, it's too much," and she removed their plates.

Neither child had actually eaten very much, and both dashed about the ward after their plates had been removed. Don made repeated attempts to get dessert off the shelf and was told by a number of people, personnel and patients, to get away.

Example IV

Everyone drifted to the supper table, except Don and George, who were the first ones seated and served.

Robert was standing near the table crying, "I don't want to eat," although no one had directly mentioned eating to him.

George was eating very well when he decided to use the whole shaker of salt to season his food. The plate was removed, and he was given another serving which he did not eat.

Don was mixing his food together and was eating with his fingers when Nurse A told him to eat right because he knew how and was old enough. He began to then edge some of the food off the plate and play with it, using it as finger paint on the table. His milk was poured over this, bit by bit. He ate no more. The food was removed from him, and he became very excited, grabbing at food which was still on the table, and he made several attempts to take food from other people's plates. He was told to leave the table and the dining area. He ran away, only to return for short periods of time to grab food.

George had begun to play with his food at approximately the same time as Don. His food was also removed, and he began to make crying noises. A small amount was placed on another dish by Nurse A, and he ate it.

Robert was given his usual bread and butter, which he did not eat. Instead, he began to ask for some of the beef pie

crust, insisting the whole time that he wanted only the crust and none of the contents of the pie. This was given to him by Nurse B, but there was a small piece of meat in the under part of the crust, and he began to cry and scream that he only wanted the crust. He was asked several times by both Nurses what he wanted to eat, and he finally settled for bread and jam.

Example V

Robert was very excited because spaghetti was going to be served for supper. He asked for it several times before the meal was served.

Don and George were served first. George ate very well. He ate the spaghetti by putting his face down to the plate and sucking up the spaghetti. Occasionally, he picked it up in his fingers and ate it. He was covered with sauce. No one mentioned to him how he was eating.

Robert was asked by Nurse B if he wanted some worms (referring to the spaghetti), but he said no and ran away. (He had often referred to spaghetti as worms.)

Don was eating his spaghetti in the same manner as George. Nurse B told him to stop and use his utensils. He did for a short period of time, but then reverted back to eating directly from the plate. This was removed by Nurse B, and she gave him some spaghetti without sauce. Inadvertantly, someone added sauce to this, and she appeared to be very upset.

"I gave it to him plain on purpose because he makes such

a mess. Eat it with your fork."

He let the dish fall to the floor, and he was told to leave the table, which he did.

Dessert was served later, and the three boys ate small amounts. Don and George mixed the cake with milk and were sent away from the table.

Example VI

Don and George were served first. No one spoke to them during the entire meal. They both ate well and with a minimum of mixing food together.

Robert did not come to the table at all. Several people, personnel and patients, had asked him to please come and join the group, even if he didn't want to eat.

Example VIII

George was crying before supper. He had been sleeping most of the afternoon and had been awakened for supper. He stopped crying, but started again when food was placed before him. A short while after, he began vomiting and was cared for by Nurse B.

Nurse B had suggested before the meal in Don's presence that Aide B help feed him, because they got along so well together.

Don was served and began to eat; he started to mix his food together and began putting his face down to it.

Aide B, "Take your face out of the food; sit up and eat

right."

The child did as requested for a short period of time.

Aide B, "He'll have all the food on the floor by the time the meal's finished."

Don picked up his plate, and Aide B grabbed it saying, "See, I told you so," and sent him away from the table.

Robert ate bread and butter while walking around the ward. No one spoke to him about this.

Example VIII

Don and George sat opposite one another, as usual, and were served supper. They both ate well. Both of them had mixed all their food together and no one spoke to them about it. Don spilled some food on the table and was sent away. He kept coming back and when asked if he wanted dessert, accepted it. His dish fell on the floor and he did not appear to want any more when asked by Aide A.

Robert ate dessert only. He had gone to the kitchen window and had asked Aide A for it.

Example IX

Don and George were served first. No one spoke to them, except to ask if they wanted dessert. Don ate well; he had mixed his food together, but no one referred to this. George ate poorly and left the table and became very hyper-active. (He had become hyper-active 16 times when he did not eat well.) A favorite food was offered to him, but this was not eaten.

Robert ate his bread and butter. It had been prepared by Nurse B, who made no comment, but just gave it to him.

Discussion

> "There are a number of ways in which patients who eat unconventionally make other patients and personnel uncomfortable. For example, a patient may mix up his food on his plate and play with it, grab food from other people's plates, and handle other people's food or drop it on the floor. In the illustration that follows, a nurse describes her reaction to a patient's unconventional eating."
>
> > "Mrs. James: I just can't stand it when Miss Draper spits out her partially chewed food. She makes me sick when she drools, hangs onto the food, stuffs it into her mouth, or gulps it down greedily. If she were two years old, I could understand it, but she's a grown woman and doesn't have to eat that way."
>
> "It is important for nursing personnel to recognize their reactions to these unconventional ways of eating. They might discover that by becoming disgusted with the way the patient eats and rejecting or punishing him because of it, they may reinforce his difficulties and bring about even more serious problems about eating."[7]

It would appear that it is not just an adult, who has untoward eating habits, but children as well can cause personnel to reject the habits and occasionally the patient.

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[7]Schwartz, Morris S. and Schockley, Emmy L., The Nurse And The Mental Patient, pp. 147-148

# CHAPTER V

## Summary, Conclusions, and Recommendations

### Summary

The final decision in the latter part of the study to determine what was happening between the three boys and the personnel was based on the themes that appeared to be apparent in the first third of the study, which were:

1. that too much urging caused the child to become upset
2. that Don would run away when interference occurred with his selection of food.

The third theme that became somewhat more sharply focused in approximately the middle of the study was that attitudes did affect the children's eating patterns. As the study progressed, it appeared that the third theme was the significant one and that the first two were but part of it.

Attitudes had to be measured primarily from what people did and not from what they said. The questionaire about children at the dinner table demonstrated this. Personnel taking it appeared to give textbook type answers, but did not always act as they said they should.

"Attitudes are caught, not taught", is an old saying which had significance in this study. The adults working with these children have had ingrained in them attitudes about how to act, to eat, to converse, etc., at the dinner table since they were

children. It is very well for a textbook to state that the nurse should recognize her attitudes, but this is difficult and they are not always easy to change. For example, Nurse B was well aware of the fact that she did not like to eat with George because of his eating manners and tried to watch herself very carefully in the situation. She pointed out that several times she found that she was being "irrational" in attempting to correct him, and she knew when he became better himself that his eating habits would improve. The other personnel expressed this in various ways, also. It is so easy to know something intellectually, but so difficult to accept in fact.

The older children who have been mentioned frequently also had eating difficulties. Their problems were more subtle than the younger children. For example, Louise often took too large a serving and then would ask constantly if there was enough food for a second helping. She was rarely able to eat all of what she had taken.

It was easier to see in what areas the youngest children had difficulties, therefore, they were the ones that had been chosen to study.

The control observations were used to validate the observations which were used to study this particular group. (See the Appendix)

Conclusions

The hypothesis was that there are attitudes within a group eating together that will produce predictable effects. This hypothesis was borne out by this study using a small sampling of patients and personnel.

The following conclusions were reached.

1. It was found that children do react to censorship of their poor eating habits or table manners. Also, they will attempt to correct their table manners as the adult suggests, but have some need to reactivate and accentuate the habit.
2. It appeared that if an adult verbally predicted that a child would do something untoward, then the child would do it.
3. Better food intake resulted if a child was neither praised nor censored for eating techniques.
4. It appeared that the past life experiences of personnel affect their attitudes toward table manners or eating habits, although they may intellectually know the "correct" approach.
5. Some children will stop eating a meal, even though they are hungry. The hunger is evidenced by the child who keeps returning and taking other people's food to eat.
6. Some adults cannot eat with children who are messy at

the table, and these adults often withdraw from the group.

7. When two children have the same eating peculiarities, one will be censored, and the other one will not receive the same amount of censorship. The reason for this is not evident, but in this study it occurred many times.
8. Children will be quieter at a meal if the conversation is about their day's activities.
9. The child who is different from her peers will be isolated by them.
10. Adults working with a large group of children will place them into different groups.

Recommendations

The following themes are suggested for further study. These are:

1. that children will react to censorship of eating manners. They will stop when these are pointed out to them, but will soon reactivate and accentuate these mannerisms. It would be interesting to find out whether it is what is said, or who says it to them. A larger sampling of patients and personnel would be needed to test this theme.
2. that if a poor result is verbally predicted, it will happen. An added hunch is that children will react

as the adult expects, even though the adult does not express the expectation in the presence of the child.

3. that if a child is neither praised nor censored for eating habits then better food intake will be the result. It would be necessary to test this theme using a larger number of patients.
4. that adults intellectually know they should not interfere with food choices, but still react and cause the child to stop eating. Adults might be helped more with this problem, if they were given an opportunity in a guided situation, to talk out their feelings.
5. that children may not eat at a meal even though they are hungry. This particular theme would be very interesting to study. It would require a larger group of observers to test why the child doesn't eat.
6. that some adults cannot eat with children who have "unacceptable" eating habits. From this particular study, it might be discovered who should eat with the children, by finding what adults felt most comfortable in this setting. Perhaps it is asking too much of personnel to eat with patients.
7. that some adults unconsciously withdraw from the eating situation because they have difficulty accepting "permissive" methods of feeding. Of interest here would be to find why these people withdraw; what methods

they use to withdraw; and how they feel about the eating situation.

8. that some children will be censored for particular table manners and other children will not. One wonders why this happened. It would be interesting to study a larger group of patients and personnel to find out why this occurs.

9. that conversation, by the adults, about asocial acts will cause the children to become very excited when disucssing them. In order to study this theme, it would appear necessary to have a group of researchers to validate findings.

10. that adults perceive certain children to be leaders. One wonders if this affects different adults' attitudes toward the child positively or negatively.

11. that the adults perceive distinct groups in a ward setting. A larger sampling of children to be studied would be necessary. Also, it would be interesting to find how the adults perceive different groups functioning.

12. that conversation about the day's activities produces a quieter atmosphere for the meal. A team of research workers could test this theme by controlled introduction of various topics and studying the reactions at meal time.

13. that children will isolate the child who is too different from them. A larger sampling of patients could be studied to see whether this happens in other hospitals. A more intensive study of one child and a group might lead to the answer of why this happens.

14. that adults know intellectually that they should allow a child to eat in the manner he decides, but they are unable to allow him to do this, because of their own past experiences. Further study of this problem is indicated. Meal time is an intimate affair, and recalls good or poor past experiences with one's own family.

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# APPENDIX

## Three Control Observations

The control observations were used to validate themes which were found in the series discussed in the research paper.

### Example I

Before Supper

The personnel were all in the nursing office, with the exception of a student nurse. The door was open, and Don made repeated attempts to go into the office.

"Donny, keep out," was said frequently to him. He appeared bewildered because earlier in the day, he had been allowed in the office.

Elsie and Louise were listening to records. Robert was with them and was very quiet. Elsie asked Louise to sing only once, and she obliged with vigor.

Dennis returned from school and had the usual many demands; open the door; put his coat away; get his O. T. project, etc.. He appeared very sullen and stated that he had a "terrible" day at school.

Betty returned from the dentist. She said that she had almost decided not to return to the hospital, but that she could find none of her friends while in W_____, therefore, she decided to return.

Supper was announced. Robert protested loudly that he did not want to wash his hands. Don went willingly and appeared to enjoy splashing the water over himself.

Supper

Nurse A., "Robert, sit down and eat that bread, or else you can't have it. Don, be careful. Somebody watch him."

Dennis, Betty, and Elsie were whispering and giggling.

Betty, "Hey, Louise, what's the matter? You're crazy. The voice talking to you? Answer them. Do what they say."

Louise, "Shut up."

Aide B., "Louise, don't take so much food. There'll be enough for a second serving. No one is going to take it away."

Louise, "Okay."

Nurse A., "Louise is always worried about having enough. Her eyes are bigger than her stomach. She loads her plate up and then can't eat it. That's wasting it. I wonder why food is so important for Louise. Robert, sit down. Okay, give me the bread. I don't know how he stays so well. He's got to learn to sit down."

Student nurse, "This supper is terrible. I'll wait and go out to eat."

Dennis, "Ya, all the food is terrible."

Student nurse, "I didn't mean it was no good. I just don't like it."

Aide B., "I don't either, but I'm hungry. Don, stop that messing."

Dennis, "That's all it's good for."

Betty, "I like it. Don't you, Elsie?"

Elsie, "I'm not hungry."

Aide A joined the group.

Betty, "Aren't you going to eat?"

Aide A, "No, I'm going to meet someone for dinner."

Betty, "Ya, I know, you don't like the food."

Aide A, "Sometimes I do, and sometimes I don't."

Nurse A, "Look, Louise, you didn't even finish your first serving. I told you your eyes are bigger than your stomach."

Louise, "I wasn't hungry."

Nurse B, "I told you no one would take the food."

Dennis, "They could, as far as I'm concerned."

Elsie, Betty, and Dennis left the table. They were giggling and whispering.

The younger ones left the table.

After Supper

All the children were watching television. The two older girls kept asking Louise to change her seat, which she did repeatedly. They also made Robert and Don keep quiet by yelling commands at them.

Example II

Before Supper

The children were all in the music room. It was exceptionally quiet. Each child appeared to be wrapped up in his own thoughts, except Don, who was running in and out of the

music room.

Aide B asked Louise to sing and she did. He asked her to do it again. She refused by yelling, "No". He then attempted to engage Betty, Jane, and Elsie in conversation, with little success.

Robert insisted that he wanted certain records played, and the older girls told him not to be such a pest.

Aide B left the room and took Don with him.

James came on the ward and started to play with the blocks. He was placing one upon the other attempting to make a tower. Aide B joined him. He began to build the tower higher, and then they toppled over. James and Don were both very excited, and James wanted to build again. They repeated the activity several times. Each time they tried to build a higher tower. Several times, Don had to be pulled out of the way because the blocks almost hit him.

Nurse B asked Aide B to stop this activity because it was noisy and dangerous.

James wanted to continue. He appeared to be very excited. Don tried to build, but was restrained by Aide B who said, "We have to stop because they don't want us to have any fun."

Supper

James took an extra large serving.

Nurse B, "Aren't you afraid of getting fat? Don, stop that messing."

The older girls began to tease James and Louise about the amounts of food which they ate.

Don did not eat at all. He just sat and played with his food. He placed his dish on his glass and toppled the whole thing on the floor.

Robert sat quietly and ate his bread and butter.

Aide B ate in the kitchen. He stood eating and watched the group. He was exceptionally quiet.

Example III

Before supper the group was working on Easter decorations. Nurse A and Louise were the only two not engaged in this activity. They were playing Scrabble.

Don and George were both trying to paint and seemed pleased with this activity. Robert had painted a rabbit and was proudly displaying it.

Supper was announced. The children all washed, except Don, who proceeded to cover himself with various water-color paints.

George ate his supper quickly and left the table.

Donny mixed all his food, liquids and solids, together and poured it on the floor.

Aide A, "That damn brat." This was said in a loud aside. He grabbed Don and brought him to the lavatory to be washed. Don returned many times to the table, snatching food and eating it, while running around the ward.

The older girls had laughed when Don spilled his food, but stopped at Nurse A's request. She explained that laughter would encourage him to repeat the act.