Dying as a Developmental Task
Using Maslow to Guide Social Work Intervention in End-of-Life Care

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Intro

• or....how did I get here?
Unity Hospice of Chicagoland

- 20 year old, family-owned hospice
- Founded to provide care to an underserved population in inner-city Chicago
- Patient population relatively young
- Of inner-city patients, 2/3 are under 65, and 1/3 of those are under 50
Patients of Unity Hospice

- Referrals from local county hospital and veterans hospital
- Poor access to and utilization of primary health care
- Patients with diagnoses of stage 4 cancers that are
  - Easily detectable (breast, cervical, colon, prostate)
  - Associated with alcohol, tobacco, and drug use (esophageal, lung, liver, throat)
Patients of Unity Hospice

- Multi-problem families
- poverty, hunger, homelessness
- basic safety and justice needs
- The “wild, wild, mid-west”
- Ch-iraq
Maslow's Hierarchy of Needs

- **Physiological**: Breathing, food, water, sex, sleep, homeostasis, excretion
- **Safety**: Security of body, employment, of resources, of morality, of the family, of health, of property
- **Love/Belonging**: Friendship, family, sexual intimacy
- **Esteem**: Self-esteem, confidence, achievement, respect of others, respect by others
- **Self-actualization**: Morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts
Literature review

- Little to no research has been done on the relationship between psychosocial development and the dying process
- Research that has been done has focused on the cause and effect relationship of self-actualization and death anxiety
- NOT on effective end-of-life treatment based on a patient's level of development
Zinker and Fink (1966)

- addressed the lack of research re: death.

- One intensive case-study.

- Level of actualization was static, though aspects of it fluctuated greatly.
Gamble and Brown (1981)

- Studied patients in a state mental institution, control group was individuals identified as self-actualized.

- Method: members of each group were led through a guided imagery of age and life progression

- The more actualized individuals were able to complete the role play.

- Those who were not found it difficult to complete the imagery of progressing to old age, dying, and death and experienced anxiety.
All other studies used healthy participants, not those suffering a terminal illness.

- Vargo and Batzel (1981)
- Neimeyery (1985)
- Gamble and Brown (1981)
Maslow and death acceptance

- Acceptance of death is a feature of reaching self-actualization.

- Many of our patients are struggling with "foundation" needs - physiological and safety.

- If one’s developmental task is survival, death = failure.
How to help?

● Cannot help patients move through multiple developmental tasks in the weeks or months we know them.

● We can assess for the task in which they are engaged

● Target interventions to what’s required to help patient complete that task
How to Help?

- Basic tenet of social work practice is to “meet the client where they are”

- Identify developmental task and meet the patient there

- Intervene to help achieve a sense of completion and closure in that task
Case Studies

- I will discuss three of our patients
- **Assess** for the tasks in which they are engaged as they entered hospice care
- Describe the **interventions** used to target those tasks
- Discuss **outcomes**
Michael

- 32 years old. Stage 4 Liver Cancer
- Married, he and his wife have five children ages 10 - 15 (from previous relationships)
- Extreme poverty, hunger, unsafe housing
- Anger
Michael

- Upon entering hospice care, alert and oriented x 3, ambulatory, diagnosis only 4 weeks prior

- History of imprisonment

- Recent positive life changes: married and in school
Michael

- Systems involved were Chicago Housing Authority, Dept of Human Services (food stamps and TANF funds), Chicago Public Schools, and the Social Security Administration

- Family fell through every hole in the safety net

- Not one of these systems was serving them
Michael

- Food stamps sanctioned due to fraud committed against his account
- Supplemental Security Income application processed incorrectly resulting in unnecessary delays
- Patient’s wife is ineligible for TANF funds as youngest child is 10 and she is not working or in school
Michael

- Patient's wife ineligible to be a paid caregiver through Dept of Human Service because they are married

- Chicago Housing Authority rent is based on income they no longer have - rent is delinquent, facing eviction

- Chicago Public Schools require fees and school uniforms and supplies to enroll
Michael

- youngest child attacked on the way home from school
- patient's wife began walking all the children to and from school, taking up several hours of her day
Kubler-Ross

The Five Stages of Grief

- Denial
- Anger
- Bargaining
- Depression
- Acceptance
bargaining
acceptance
depression
anger
anger

acceptance

denial

depression

bargaining
bargaining

depression

acceptance

anger
denial
Michael - Interventions

● "Two Social Worker" case

● Solve practical problems

● Access resources - advocacy

● Assure patient and family that their basic needs would be met
Michael - Interventions

- Department of Human Services - Food Stamps and TANF
- Legal Assistance Foundation
- Social Security Administration - SSI
- Chicago Housing Authority - rent
- Direct financial assistance for school uniforms and supplies, rent, food, and transportation
Michael - Outcomes

• anger resolved

• patient developed confidence that his basic needs would be met

• during the last weeks of his life he expressed feeling calm, confident and peaceful when considering his family's basic needs

• Our chaplain was present at patient's death, and he was in no spiritual or emotional distress.
George

- 60 year old veteran
- Stage 4 Liver Cancer
- History of Alcoholism and a nearly lethal suicide attempt
- Isolated
- No Power of Attorney for Health Care
George - Assessment

- Basic needs met. Social Security Income is sufficient to cover rent, utilities, food
- Resistant to allowing the team to provide care
- No satisfying personal relationships
- Early visits took place in the coffee shop downstairs from his apartment
love/belonging

esteem

physiological

self-actualization

safety
George - Interventions

- Designed to facilitate engagement and build relationship and trust

- Provided regular, consistent, reliable, non-threatening contact - showing up is an intervention

- Offered a safe and therapeutic environment
George - Outcomes

- Became engaged - first letting us in the door, then letting us offer suggestions, then taking advice

- Used his relationship with me to process past relationships

- Re-connected with two old friends, one became his POA
George - Outcomes

- Allowed himself to feel gratitude - "Thank God you were here"

- Developed an appreciation for the illness that brought him back into connection with others

- At his transition, as I expressed sadness, he said "It's okay, if I didn't have cancer, I'd never have met you".
George - Outcomes

- At his death, I was present with the two friends with whom he'd re-established a relationship
- They sang "Silent Night"
- At the line "Sleep in Heavenly Peace" he let out his last breath
- He died in relationship with others, and at peace
Henry

- 60 year old married man
- Diagnosis - ALS
- one young child
- musician, songwriter, poet
- worked "free-lance" and was ineligible for SSDI
self-actualization

esteem

love/belonging

physiological

safety
Henry - Assessment

- Some assistance with accessing Dept of Human Services resources
- Psycho-social support for the family
- Identified his own need: "You can be my philosopher. One needs a philosopher at a time like this."
Henry - Interventions

● Some advocacy with Department of Human Services for Medicaid and in-home companion care

● Patient had several sources of social and emotional support

● visits were less frequent - monthly and PRN

● focus was on placing the fact of his dying into the context of his life
Henry - Outcomes

- As his "philosopher", I helped him find the lessons and the "gifts" in his disease.

- Assisted him in creating an "ethical will" to leave his daughter.

- He spent his last day on earth in a rose garden with his wife and daughter, surrounded by love and beauty, and at peace.
Using Maslow in Hospice Care

- Assess on the Hierarchy of Needs
- Identify the developmental task
- Assist the patient in completing that task
Range of Interventions

● or....what kind of a social worker are you, anyway?

● Practical and task-based, problem solving

● Relationship-based, providing a safe and therapeutic presence

● the "Philosopher", assisting in the integration of one's death into one's life
What's at Stake?

- **Task: Safety**
  - Death = failure

- **Task: Love/Belonging**
  - Death = loneliness

- **Task: Self-Actualization**
  - Death = opportunity for consolidation, growth, and meaning-making
Challenges for the Social Worker

- Meeting the patients at these different tasks requires the social worker to take on very different roles.
- It can be hard to "stretch" that far.
- Most social workers are more comfortable in some of these roles than others.
Assessment Will Help You Determine Which Social Worker To Be:

- Advocate
- Trusted Ally
- Philosopher
Conclusion

Maslow posited that acceptance of death was a feature of self-actualization, but it is not necessary for a patient to be self actualized in order to accept death. They need only feel they've accomplished that developmental task in which they were engaged as they approach death.