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Shelter and Care of the Aging: Carmel Hall

Regina Carmel

Shelter and Care of the Aging

CARMEL HALL

MOTHER REGINA CARMEL

Editorial Note: This article concerns Carmel Hall, Detroit's modern, hotel-type residence for retired men and women located near the heart of the busy downtown area. Formerly the Detroit Hotel, the building was purchased in 1955 by the Archdiocese of Detroit, through the foresight of the late Edward Cardinal Mooney who recognized the need for more suitable housing for Detroit's growing population of aging people.

The Home accommodates 500 residents. Facilities include comfortable single or two-room suites with bath at reasonable rates. Three meals are served daily in a delightfully appointed dining room. There are sitting rooms and snack kitchens on each floor. A beautiful chapel is located on the second floor, and a chaplain is in full time residence. Non-Catholics are welcome to have their spiritual advisers visit them. A convenient coffee shop on the first floor serves late morning risers for breakfast and is available in the afternoons for snacks. Residents may also arrange parties in the private dining rooms.

A theatre has been provided for motion pictures and numerous other forms of entertainment which take place. There is also a beauty salon and a barber shop in the building. A pleasant library is a joy to book-lovers, and the "Casino" is the scene of lively parties and dances. Participation in the many social activities and recreational programs is encouraged, and residents often attend outside civic and cultural events which are held in the city within close proximity to the Home.

Special services provided include a 100 bed nursing section for the convalescing or chronically ill residents. A staff of 5 physicians is available to residents, or their own physicians may continue to attend them at the Home. Twenty-four hour nursing care is provided. There is an x-ray and laboratory department, and a complete physio-therapy and rehabilitation program under the supervision of a physiatrist. The services of a dentist and chiropodist are also available to the residents at the Home. Occupational therapy forms part of the total program.

Carmel Hall is staffed by twenty-four Carmelite Sisters for the Aged and Infirm. Mother Regina Carmel is administrator of the Home. The Carmelite Sisters originated in New York in 1929 to specialize in the field of geriatrics. Their sole purpose is the care of aging men and women in a home-like atmosphere. The inspiration for this much needed purpose came from the foundress, Reverend Mother Angeline Teresa who as Mother-General of the congregation resides at Saint Teresa's Motherhouse in Germantown, New York. It is the aim of the sisters to encourage those in their care to a more active and full life. Men and women in their older years can maintain their privacy and independence so much desired by them, and their needs are provided for by the loving attentions of the sisters. This is accomplished through the varied professions of the sisters who are nurses, social workers, x-ray and laboratory technicians, physiotherapists and occupational therapists.

Raymond B. Bauer, M.D.

There was a time within the memory of most of us when a home for the aging visualized for us an image of gloom and hopelessness. It seemed that there were older people for whom some kind of housing had to be provided. To meet the needs of this comparatively small group, homes for the aging came into existence.

During the past quarter of a century concepts of care have changed rather radically. In fact today, those of us who are familiar with the modern home for the aging look upon it as a well integrated unit which has a very real and definite place in the contemporary community. We have advanced far beyond the idea that custodial care for the aging is sufficient. In fact, modern residential care of the aging is such that I am certain that very few of us would object to spending our later years in a modern retirement home for the aging.

Today we are keenly aware of the fact that each older person is a unique individual, who, regardless of how much he may seem to be like his contemporaries, still retains an irreducible element of individuality which must be recognized in our treatment of him.

Our understanding of the elderly has increased little by little. But, our aging population has grown by leaps and bounds. It has become increasingly evident that there is a very definite need for adequate, well managed, comprehensive care residences for the elderly. This type of residence would not be the optimum solution for the problem of every older person but it would be one way of meeting the varying physical, social, emotional and spiritual needs of some in our aging population.

We must always remember that usually the ideal place for each and every older person is his own home, as long as he can receive adequate care there. Whether or not the home of married sons and daughters is a desirable living arrangement for the elderly is open to much discussion. Circumstances vary so widely that no general answer is possible. Each situation requires individual consideration.

We cannot repeat too often that each older person has specific needs and problems. There are those who have neither sons, daughters nor close relatives with whom they might live when they are no longer able to take care of themselves. There are those who have special physical, mental, social and spiritual needs which cannot be conveniently met in the homes of interested relatives or friends. In such situations the best answer seems to be residential care in a dwelling designed and adequately staffed to meet the requirements of each older person. Such a dwelling might well be the modern retirement home for the aging.

Now all of us realize that regardless of the name we choose to give it, such a facility is and must be considered as a substitute for the older person's home. Consequently the atmosphere must not be institutional. If it is to be a satisfactory substitute, the facility

must provide all the professional services required by older persons and at the same time retain a home-like atmosphere.

Good housing standards for the elderly are not radically different from those used for the community at large. Dwellings for older people must be structurally sound as well as aesthetically attractive. They must be furnished and equipped in such a way that living in them will be healthful, sanitary and enjoyable. Adequate areas for food preparation, storage and recreation should be provided. A normal amount of privacy should be afforded each resident.

In a modern facility for the aging, the rooms should be planned so that the individual resident will have a normal environment which will give him a sense of feeling at home. The spirit of a modern home should be different from that of a general hospital. The hospital of its very nature is disease-centered. The modern home for the elderly should be resident centered.[1]

Unlike the admission clerk in a general hospital, the social worker in a modern home concerns him or herself not only with the applicant for admission but with his entire family situation. The social worker should help the family to decide if residential care is the best possible solution for the problems of its older member. The social worker must be cognizant of the fact that the older person is applying for long term care. He is not coming to have one specific ailment treated but rather he is seeking a living arrangement wh he will obtain total care of his wh person.

At Carmel we have 500 residents whose age age is eighty. While many these ladies and gentlemen are a atory and participate in numerous vities, each one has a diagnosis e or more diseases, varying, of e, in degree. Each one came to home because he or she felt tha was the place where his needs co est be met and where he would be to find the maximum fulfillment g the years that are still his to and enjoy.

Since the f ty exists for the benefit of the old rson, its accommodations and se s should be planned to meet the n of each resident. The latter should find himself obliged to adjust to reat many rules and regulations. he home is to be a rewarding st tute for his former residence, th here should be only those rules a egulations which one expects to fi in one's home. The absence of a ct routine may *not* be conducive to maximum efficiency, but then efficiency and human happiness are not synonymous. Genuine, thoughtful planning can make the home a well organized unit which leaves room for that spontaneity so essential for normal living. "If residents are to participate in a lively program of activities, receive guests, make visits, give small parties, play games, take walks, garden, participate in creative activities, religious services, read and study, join in discussion groups — then obviously these activities must be provided for in the planning."[2]

Also included in the planning must be a consideration of the accessibility of the home. The rolling green hills of the faraway country may sound ideal but, we must remember that these lovely hills may not be accessible to visitors or non-resident professional staff. The aim of a facility for the aging is not to isolate its aging residents but rather to care for them in and with the community. It is important that the home be located near good public transportation facilities so that the residents may easily go to visit friends and relatives and so that the latter may easily visit them. It is also important that theatres, shopping centers, libraries and hospitals be easily accessible. These facilities are utilized throughout life and should not be denied to the elderly. The more easily the home is reached, the greater the flow of activity through it, and consequently the greater the stimulus to those living there.

Easy accessibility of the home makes it possible to have a volunteer program. The services of volunteers are extremely valuable in a modern home. These services are valuable in themselves and give great joy to the residents. But, in addition to this, the volunteers serve as a liaison between the home and the community. They are able to bring the understanding of older people which they attain from working so closely with them, into their specific areas of the community.

It was mentioned earlier that the greater percentage of older people require some type of medical care. Therefore the modern home should provide an adequate and extensive medical program. Herein lies a great challenge. How can the medical program be organized so that the extensive medical and nursing care do not dominate, producing a hospital atmosphere?

Part of the challenge can be met through the medium of interior decoration. All parts of the building, including the intensive nursing care areas, should be cheerfully decorated in light, bright colors, with furniture selected both for its decorative effect as well as for its utility. In all nursing care rooms varihite beds are desirable. These are available in pastel shades and wood finishes which will blend well with the overall decor. Now, while many modern homes have a wide medical program, there are specific limitations in the degree of care offered. Usually no provision is made for surgery or for extraordinary diagnostic or therapeutic procedures. Residents requiring these services are transferred temporarily to a general hospital, and return to the home for the period of convalescence. It is well to note here that by this means the duplication and maintenance of expensive equipment are avoided and costs are reduced.

A friendly relationship is maintained between the resident and the medical staff. Here again, unlike the general hospital, the relationship is a long term one. The older person, the physicians, the nurses, the therapists and other members of the staff get to know one another quite well.

The department of physical medicine and rehabilitation occupies an important place in the medical program. The physical disabilities of the aged are many. Medical rehabilitation and restorative services contribute much toward keeping the older person at a high level of self-sufficiency. In addition to providing numerous treatments and exercises for the partially disabled, this department offers training in the activities of daily living for the severely disabled. Such training helps these residents to rebuild their prestige, not only in their own estimation but also in relation to their associates. Even being able to feed one's self or turn over in bed without assistance may make the resident feel once again part of the active world around him.

Closely allied with the department of physical medicine we find the occupational therapy department. Here both functional and diversional activities are provided with emphasis placed on some form of creative activity. The

[1] Zeman, Frederick D. "Health Needs," *Planning Homes for the Aged,* New York, F. W. Dodge Corp., 1959, p. 36.

[2] Mathiasen, Geneva. "Community Needs and Resources," *Planning Homes for the Aged,* New York, F. W. Dodge Corp., 1959, p. 10.

vital question here is not the skill or time consuming quality of the work but rather, in the eyes of the older person, it is a reasonable substitute for his former employment.

Inadequate vision is a common deficit in older persons. So, a modern home should if possible equip and staff a facility for opthalmology or make other plans for this service. Hearing impairment and speech defects are also prevalent, and plans should also be made to assist residents with these problems. Dental problems do not cease at 65. The modern home therefore should either provide a dental clinic or make other satisfactory arrangements. To assist all branches of the medical program, in making a most accurate diagnosis, the large modern home is usually equipped with a clinical laboratory and diagnostic X-ray department.

It cannot be stressed too often that although the medical program sounds strikingly similar to that found in a hospital, it is quite different. The entire orientation is different. The entire staff resident relationship is different.

For example, the departments of physical and occupational therapy do not expect drastic changes or improvements. These do not usually occur in the older person. Rather, they are concerned with developing to the fullest, the limited capacities of each older person. They endeavor, by their confidence in the older individual, to inspire that person once again with a sense of self esteem so often lost with the onset of physical disability.

Let us now turn our attention to another very vital part of the program in a modern home for the aging—the department of recreation. We sometimes wonder why recreation for the elderly presents a problem. A superficial consideration inclines us to think that recreation is the one activity that requires no planning. Recreation, we say, ...ld be spontaneous. Perhaps, we ca... ...w that if recreation for the elderly ... be spontaneous, it should be pla...

We might ... ...e recreation as that activity in ... ... a person engages during his le... ... time. The activity is enjoyed ar... ...dertaken for its own sake and res... ...om an inner, not an outer, comp... .[3] The most satisfying forms o... ...eation are those involving crea... ... and self-expression. Recreative a... ...y is engaged in for its own int... ... value and not for any extrinsic ...itarian motive. Unlike work, it ... ...ld be participated in freely and s... ...aneously. It is also well to rem... ...er that recreation is not merely ... attractive appendage added to hur... living but, "it is indispensable t... ...man relationships."[4]

Recreation ...ch is socially acceptable and p... ...nally profitable has many corolla... values. It is an effective inform... educational process. It contributes to ...ysical fitness, mental health and em...ional stability. Appropriate recreat...l activity, tailored to the needs and ...sires of the individual, helps build the integrated personality so necessary to withstand successfully the strain and ...ress of modern living.

Because recr...tion contributes to rich and satisfying living, it has attained widespread recognition as an essential factor in the life of the individual. Now while the need for recreation in the lives of the elderly is a very real one, the older person is often at a loss as to how to satisfy it. We have frequently observed that our older Americans have worked so hard all their lives that they have never learned how to play. Leisure time has been an unknown quantity. They are in a quandary as to how to utilize it creatively and enjoyably.

Recreational activities vary as widely as the interests of a single individual throughout his life-time and are as diverse as the interests of different people. Consequently, the modern home should make provision for a wide diversity of activities which will fit the particular needs and talents of the older person. The program should be kept flexible enough to meet the ever changing needs and interests of the residents.

At Carmel Hall the program includes games and sports, arts and crafts, music and dancing, social activities, travel, vacations and outings, hobbies, reading, adult civic and special events and many others. All of the residents are encouraged, but none are forced to participate in the activities. Those who prefer to remain spectators are free to do so.

The recreation program should also include contact with the recreational facilities in the community. Very often professional entertainers come to the home to perform for the residents.

We have observed at Carmel Hall that although residents are often reluctant to participate in the activities at first, they soon take the first step and join in one activity. Before long they are participating in quite a variety of events, and many hitherto dormant talents are discovered.

Up to now we have seen how the modern home for the aging attempts to aid the older person to live a full and satisfying life. We have seen how the medical and recreational programs provide for his physical and social needs. We now turn to another most important part of man, his spiritual life. One can easily observe that regardless of their religious affiliation, older people manifest a greater appreciation of spiritual values than do their juniors. They are brought face to face with many questions that they were formerly able to evade. As physical capacities diminish, they begin to realize that spiritual faculties must be cultivated if life is to be fruitful. They feel the need of active participation in religious services to nurture that spiritual life. The modern home should provide the opportunities for this participation as well as for the counsel and guidance of a clergyman to provide religious support and comfort.

The primary objective in a modern home for the aging is to promote the general physical and spiritual welfare of each resident as well as to help him to achieve a sense of emotional security. It is with this objective in mind that all services in the home are directed. Each member of the staff must be personally and educationally competent to meet the needs of the older person. It is no longer a question of merely providing an inferior type of housing in which death may be awaited. It is now a question of providing adequate, healthful housing and a program of activities which will be conducive to the optimum physical and psychological health of each older person.

Our aging population continues to grow. We now see the necessity of adding life to the years which have resulted from the achievements of medical science. In the words of the theme of the 1961 White House Conference on Aging, we have seen that aging does have a future. What that future will be is the concern of every citizen. Every man who has ever been born faces the possibility of old age. Whether the later years will be ones of enjoyment and fulfillment or of discouragement and despair, depends upon the way in which we *now* make provision for the aging in our society. The work that we begin now with the elderly will not only be meaningful for

[3] Smith, Ethel, *The Dynamics of Aging*, New York, W. W. Norton and Company, Inc., 1956, p. 132.

[4] Martin, Alexander K. A. *Philosophy of Recreation*, North Carolina, University of North Carolina, 1955, p. 2.

them *now*, but will bear fruit in our own maturity.

It is my most sincere conviction, that aging does have a future. Our modern residences for the elderly bear testimony to that fact. It is only because aging has beco the concern of many citizens that s facilities have been made possible the twilight years of every person to be fruitful, then aging with ture must become "every citizen oncern."

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Principal Theme

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Contact: Mariano M. Alimurung, M.D.
Faculty of Medicine and Surgery
University of Santo Tomas
Manila, Philippines