May 1966

Shelter and Care of the Aging: Carmel Hall

Regina Carmel

Follow this and additional works at: http://epublications.marquette.edu/lnq

Recommended Citation

Available at: http://epublications.marquette.edu/lnq/vol33/iss2/7
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 Deline 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. 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 7 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 of 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 Angelina Teresa who as Mother-General of the congregation resides at Saint Teresa's Motherhouse in Carmel, 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 later 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, such as 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 aged was visualized for us an image of gloom and hopelessness. It seemed that there were other people for whom some sort 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 the concept of care have changed rather radically. In fact, today, there are a number of us who are familiar with the modern home for the aging look upon it as a well-integrated unit which has a very definite and definite place in the contemporary community. We have advanced to 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 aged.

Today we are keenly aware of the fact that each older person is a unique individual who, regardless of how he may seem to be like his contemporaries, still retains an irreplaceable 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 special 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 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.

Unlike the admission clerk in a general hospital, the social worker in a modern home concerns himself 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 ar-

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 employment.

Inadequate vision is a common deficit in older persons. So, a modern home should if possible equip and staff a facility for ophthalmology 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 more accurate diagnosis, the large modern home is usually equipped with 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, could be spontaneous. Perhaps, we exaggerate that recreation for the elderly concept should be planable.

We might define recreation as the activity in which a person engages during his leisure time. The activity is enjoyed as such and results in satisfaction of some inner, communicable need. The most outstanding forms of recreation are those involving creative and self-expression. Recreation activity is engaged in by its own intrinsic value and not for any extrinsic or humanitarian motive. Unlike work, it should be participated in freely and spontaneously. It is also well to remember that recreation is not merely an attractive appellate added to hiring, living but, "it is indispensable to human relationship." Recreation which is socially acceptable and personally profitable has many corollary values. It is an effective informal educational process. It contributes to health, physical fitness, mental health and emotional stability. Appropriate recreational activity, tailored to the needs and desires of the individual, helps build the integrated personality so necessary to withstand successfully the strain and stress of modern living.

Because recreation 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

unknown quantity. They are in a hurry as to how to utilize it conveniently and enjoyably.

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

A 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 uninterested 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 our 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

LINACRE QUARTERLY
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 become the concern of many citizens that the facilities have been made possible. In the twilight years of every person, aging must become fruitful, then the future must become "every citizen's concern."

XI
INTERNATIONAL CONGRESS
of
CATHOLIC DOCTOR
Manila, Philippines
November 2-6, 1966

*****

Principal Theme
THE DOCTOR and the POPULATION PROBLEM

Secondary Themes
Fertility and Sterility  *  Population Control
Genetics  *  Social Medicine
Food and Nutrition
Socio-Economic Factors

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

YOUNG PHYSICIANS' PRAYER . . .

Lord, Jesus, your suffering and painful death made men's souls healthy again and gave men eternal life.

Help me to be a worthy doctor.

My only job is to study hard and learn well.

My firm hope is to be like you always, in all ways.

My confiding trust is that you will take care of me.

Aided by this threefold dedication,

Aided by the sound mind and body you have given me, I promise to take good care of my patients, fellow members of your Mystical Body.

And to love them all as you have shown me.

May they with my finite life-saving help,

Cooperate better with your infinite life-giving grace.

And finally, dear Lord, may I

By seeing you in them

One day be rejoined with them in you;

To enjoy the reward you have

Prepared and promised

To those who have lived in your Service.

Marvin Anderson, M.D.
Medical Resident, Harper Hospital,
Detroit, Michigan