Preparation For Placement in a Home for Aged Visually Impaired Persons*

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Setting and Clientele

THE Home for the Aged Blind, informally and more commonly known as the Yonkers Home, is one of the facilities of The Jewish Guild for the Blind, a multi-function, multi-discipline, nonsectarian family-oriented social agency serving visually impaired persons and their families. This group residence, separated geographically from the New York City office, is set on twelve acres in a suburb. It comprises a health-related facility and a nursing home unit. Both are housed in a two-story building with provision for a wide range of medical, nursing, counseling, group work, recreational, educational and rehabilitative services, with the requisite personnel to discharge those functions. Currently the Home is serving approximately 120 visually impaired residents, two-thirds of whom are female. Residents are primarily widowed and poor; the majority had formerly maintained their own residence in New York City. The average resident is approximately 81 years old, 23 are under 75 years of age, and 96, or more than four times that number, are 75 years of age and over.

The Home is officially described as "essentially Jewish in character with weekly services conducted by a rabbi. It is not orthodox." [1] All but two of the residents are Jewish, nine or ten of whom regard themselves as orthodox or conservative Jews. The majority of Jewish residents are of Eastern European stock, most of whom migrated to this country prior to or following the first World War. Educational attainment is generally of eighth grade level, or less. Marital units followed the more traditional division of sex-linked male and female roles. Most had not held multiple memberships nor participated actively in social, cultural and political groups. Many still maintain strong kinship and especially intergenerational ties.

Residents share the range of severe and chronic disabilities that are common to the aging population in general. Visual impairment is primarily associated with or hastened by the aging process, rather than antecedent to old age. Yonkers Home personnel estimate that under 20 percent of the residents are totally without sight, a figure which corresponds roughly with the proportion of totally blind among the "legally blind" 65 years of age and over. Legal blindness, which defines eligibility for public assistance and confers an additional income tax exemption, among other benefits, is a status reserved for an individual whose "central visual acuity does not exceed 20/200 in the better eye with correcting lenses or his visual

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† At the time of this writing, Mr. Berkowitz was Director, Staff Development and Education, The Jewish Guild for the Blind, New York.

[1] "With Years—A Richer Life Begins, Home for the Aged Blind." A brochure of The Jewish Guild for the Blind (New York, 1968), p. 2.

field is less than an angle of 20 degress." [2] Residents whose visual disabilities range from moderately severe to total loss of visual acuity can be differentiated into (a) those without vision; (b) those with vision to permit perception of light, form or motion; (c) those with sufficient visual acuity to focus on an object and even read newsprint, though in many instances the individual may have to approach within a few inches, in order to perceive that object. Legal blindness is not a qualification for admission. When evaluating a new resident's mobility status after admission, it is unlikely that he will be reasonably adept at cane travel. All will require orientation to a two level building, its three elevators, sundry rooms and corridors.

Residents tend to regard themselves as old people who are also blind rather than as blind old people. Nevertheless, the sudden or progressive but severe loss of depth perception saddled the aged with a stigmatized social status; [3] increased his dependency on others in relation to a wide range of personal and social functions where mastery had been attained and taken for granted. Visual loss may be accompanied by a pervasive sense of shame, self-accusatory trends, moderate to severe depressive reactions, motor retardation, a profound sense of loss of body and personal integrity.[4] New residents have had to direct their energies in prior years to coping with the dual stresses of aging and visual loss.

Service Provision

It is generally assumed [5] that the quality of preparation of applicant and family for a change in living arrangements is critical for adjustment in the early phase of group living. Claims have been made that the absence of even a minimal degree of choice,[6] indifference to the basic psychological and social needs of a yet bewildered new resident,[7] may lead to an alarming increase in mortality rates early in the residential experience.

Applications either for change of living arrangements in general, or for the Home specifically, are initiated most often by close relatives of the visually impaired adult. Requests are handled by trained social casework personnel in the city office. Practitioners stress such social work values as the dignity and worth of the individual, his uniqueness, his right to self-determination or self-direction.[8] Caseworkers, through the medium of the relationship, and at times in combination with other modalities, seek to enable the client to participate as fully as possible in planning a course of action that intimately involves him.

Practice efforts are designed to throw light on the individual currently and historically: his needs, motivations, defensive structure, adaptive capacities and critical areas of social functioning. It is assumed that a Home application involves more than the physical rehousing of an aged infirm adult. The likelihood of separation poses a significant threat to an applicant's already diminished

[2] "Facts About Blindness," *American Foundation for the Blind,* (New York, 1967), p. 1.

[3] Robert A. Scott, "The Making of Blind Men," Russell Sage Foundation, New York, 1969.

[4] Frances Dover, "Readjusting to the Onset of Blindness," *Social Casework,* (40:6, 1959), pp. 334–38.

[5] Theodore Rosen, "The Significance of the Family to the Resident's Adjustment in a Home for the Aged," *Social Casework,* (43:10, 1962), pp. 238–45.

[6] Nelida A. Ferrari, "Problems of Institutionalization: The Importance of Freedom of Choice," *Journal of Jewish Communal Service,* (40:3, 1964), pp. 304–306.

[7] Morton A. Lieberman, *Mental Health Scope,* (2:18, 1968) p. 5.

[8] Florence Hollis, *Casework A Psycho-Social Therapy,* Random House, New York, 1964, p. 13.

sense of competence and mastery; terminates or fragments enduring interpersonal relationships. Disruption is familial too, altering its balance, testing its repertoire of crisis-meeting skills.

Study, bio-psycho-social diagnosis and evaluation extends on the average of from three to six months and involves the aged applicant and key family members in weekly or bi-weekly interviews. Recently, caseworkers have devoted attention to the extended kinship group as the unit to be understood and offered service. This perspective has led to an increase in the number of joint and family interviews in the pre-admission process. This phase terminates in a set of recommendations which are shared and discussed with the participants. A pre-Home admission visit by the applicant, an interview with the head of the social service department of the Home and contacts selectively with other key service personnel, are also aspects of the experience. Provision has just been made to enable applicants selectively to spend three days and two nights at the Home to assess with more certainty the suitability of applicant for residence.

In the past the agency has made provision for a pre-Home admission group of applicants. The most recent (spring, 1969) was a weekly four-session group-treatment program [9] composed of five females and led by a second-year student in the group work method. The next to last session involved a visit by group and leader to the Home. Members were representative of the resident population, with respect to such variables as age and socio-economic level, marital and family bonds, type of residence, physical health and mobility status, onset, type and degree of visual acuity and efficiency. All members were relatively well oriented to time, place, recent and remote memory.

Overlapping but terminating later was a two session group of from five to eight relatives of most of these applicants, meeting in the city office and led by the head of the social service department of the Home. While each candidate for either group had the right of refusal, latitude for free choice is narrow where alternatives to residential care are few.

Members of the applicants' group were from among those cases in which study reached the point where applicant was reasonably certain of admission to the Home, thus grouping individuals who would live together soon. It is one thing for an applicant to be told by his caseworker that he is not alone, that others go through the same process and will enter the Home at some future time, too. It is a different experience for that applicant to meet with those unknown others, exchange ideas and reminisce with them; for all to be encouraged to ask about the Home; for each to advise some members, yet permit others to offer him aid or solace.

Selected for the groups were those where there were indications that social interaction (a) might reduce the sense of shame, loss or uniqueness associated with placement; (b) attenuate long-standing patterns of social isolation; (c) facilitate a redefinition of social identity and personal integrity; (d) foster the development of new social roles. Members' responses in the group, whether in quest of information or expressive of attitudes toward or feelings about separation and institutionalization, were to be handled in the light of the above criteria.

Applicant and family are informed by caseworker and agency brochure that "kosher dietary laws are observed to the

[9] Group treatment is used in the generic sense, referring to the gamut of types exclusive of individual, joint and family interviews.

degree that only kosher meals are served, and dairy and meat products are not served at the same meal." [10] This excerpt from the intial session of the group [11] reveals the meanings attached to the term kosher, the salience of dietary practices, their relevance for personal and social identity.

Excerpt I

Leader: Now you see, the Home—somebody raised before if the Home is non-sectarian.
Miss A.: Yes I did because I never asked the question . . .
Leader: Yes, the Home is non-sectarian. They have a few people up there who aren't Jewish.
Miss A.: Oh, are they? I meant to ask but I never did.
Leader: But the majority of people at this point are Jewish people.
Mrs. I.: You mean they haven't got no kosher meals there?
Leader: They do . . .
Mrs. N.: Sure, they got a mashgiach there.
Miss A.: No.
Leader: No.
Mrs. N.: No?
Miss A.: Wait a minute, no, I asked the question. You have meat bought by the Jewish butchers. But I don't believe they change the dishes there. All the food is by Jewish people, or, Jewish butchers. They buy their meats. Because they explained to me, 'cause it wouldn't matter, but they told me that.
Leader: Let me explain. The food I believe, is like what you said. It's brought by Jewish butchers. I don't know if it's kosher or not but . . .
Miss A.: No, it isn't strictly kosher.
Leader: But the style up there is on the kosher style, but it's not kosher food.
Mrs. I.: It ain't kosher?
Leader: You have to understand. It's not strictly kosher.
Miss A.: Not strictly kosher.
Leader: There's no two sets of dishes.
Miss A.: No.
Leader: The dishes are all one set . . .
Miss A.: But meat is brought by Jewish butchers. All meats are brought by Jewish butchers. Not goyishe flaish, yiddishe flaish.
Leader: I don't know if it's prepared exactly the kosher style. I don't know. I think if it's kosher it has to be soaked a certain number of hours . . .
Mrs. N.: Sure!
Miss A.: Yeah, well I guess if you buy the kosher meats, it's already as good as being kosher.
Leader: Well, it depends . . .
Mrs. N., Mrs. C.: No!
Mrs. N.: Even if you buy by the kosher butcher, it's not kosher if you don't make it kosher.
Miss A.: No, he makes it kosher for you.
Mrs. C.: If you buy it glat kosher, that's different.
Leader: Are many people, do many feel upset about that fact—that the food . . .
Mrs. N.: I'm the one that's upset about it.
Miss A.: Who brought it up (to leader)—I did or you did?
Leader: No, I could understand that it would be difficult . . .
Miss A.: No, did I bring it up or did you?
Leader: No, I think Mrs. I. asked the fact if it was kosher.
Mrs. I.: I like kosher food.
Leader: Let me explain. The food is on the kosher style, but . . .
Miss A.: Kosher style.
Mrs. I.: Kosher style, I heard that.
Leader: I can understand . . .
Mrs. N.: But that don't make it kosher . . . so it's not kosher.
Miss A.: I don't think you could expect that . . .
Mrs. U.: Oy!
Miss A.: You know how many people they serve? One hundred people a day, in the Home, outside of the help. Because I asked the question, as I said. But it doesn't matter to me. But she explained there are one hundred people. No, you can't get special service for one or two particular people, because you're kosher. You have to make up your mind before, about that. I think once you go into the Home . . . you have everything else. What difference does it mean? If the meals are good, brought by Jewish butchers and all . . .
Mrs. N.: It means a lot, kosher.
Mrs. I.: Sure, it means a lot.
Miss A.: If you're used it it, yeah.

Another enigmatic social condition

[10] *Op cit.*, p. 5.

[11] All tapes were made with the prior knowledge and permission of each member of the group.

for many applicants is the caseworker's expectation that applicant air his contradictory and often explosive feelings about self, family and agency to an unknown "trained worker." Such confidences are usually reserved for a rabbi, a trusted family physician, or esteemed family member. The notion that discussing one's past will facilitate adjustment to an unknown, probably as yet unseen, and perhaps forever invisible residence, strikes many applicants as a dubious proposition or deliberate deception. The next two excerpts demonstrate first, the initial awkwardness in talking about "feelings." Once transcended, what emerges is the sense of being singled or cast out, the narrow latitude for individual choice, the sadness, loneliness experienced but camouflaged, panic, resentment, yet protectiveness toward kin.

Excerpt II

Leader: Anybody have any feelings about going into the Home?
Mrs. N.: I have, I have.
Miss A.: Feelings, what do you mean—whether you want to go there—what do you mean by feelings?
Leader: How do you feel about going into the Home?
Mrs. N.: I love it. I would like to go.
Leader: Why is that?
Mrs. N.: I like it because I . . . look, I'm just starting to see now a little bit. Dr. D. just gave me an operation, so I'm not . . .
Leader: You just had an operation, is that correct?
Mrs. N.: I'm not out of it yet, and I'm still under the doctor's care.
Miss A.: If she can see, why is she anxious to go to the Home?
Mrs. N.: I could see—why not? I want to go to the Home. I want to have no problems. To cook and to bake and to be a *balebosteh* doesn't pay. If I were to have my husband—when he lived, I was a *balebosteh*. Like this, the children are married, my children are here.
Mrs. U.: Oy!
Mrs. N.: To look at the children, and sit around, I don't want it. And so I'll enjoy myself if I'll go there.
Miss A.: That's a nice way, a good way to look at it.
Mrs. N.: That's right.
Leader: You look at it a different way (to Miss A.)?
Miss A.: I have a small apartment. I live alone since my mother died, so I'm the *balebosteh*. But I live alone.
Mrs. N.: No—
Leader: It's pretty hard giving up being the *balebosteh* of the home.
Miss A.: Yeah.
Mrs. N.: No, I'm the *balebosteh* of the home. And believe me, I'm too tired to be a *balebosteh*. Sometimes I can't see to do what I want to do. Sometimes I can't do anything. I'm tired, I'm older. Don't forget, I'm 75 years old. I'm not a youngster any more. So I'd like to be on the go already.
Miss A.: You don't mean on the go, you mean to settle down and stay put for a little while.
Mrs. N.: That's right.
Miss A.: Not on the go, you've been on the go—
Mrs. N.: I meant settle down. I meant good.

Excerpt III

Miss A.: I was told it was going to be very hard for me. I was told many times by my, Mrs. E.—my social worker. My sister, the one who was in charge in the beginning, told me that it was going to be hard for me for the simple reason that I lived alone for a long time. I lived alone when my mother, my mother died . . . I had two brothers living around the corner where I am, which made it good, nice for me. I had a niece about five blocks away from me. I always used to go there for holidays or Friday nights . . . But then nights of course, it became a little lonely. And my family felt as long as everybody was still around—I had my oldest sister, she was 84 years old—she was here to visit us—she figured maybe it was better to meet the—to give up the apartment. And live in a Home where they wouldn't be left alone, and they wouldn't be worried about me. And when everybody's still around to visit me—after all, my sister's 84.
Leader: Your sister made this decision?
Miss A.: No, no, we talked it over.
Leader: Who talked it over?
Miss A.: The family and me.
Leader: And you.
Miss A.: Yes, of course, me. But it wasn't for them, it was for me to decide. And I thought

were—perhaps it was time to make a change, to come here. But I was confused from the beginning. I didn't expect it so big. That's what I'm trying to tell you. And it made—I was very nervous. I was so tense I can hardly move, you know. I was just—like all tied up.
Leader: Did you feel angry, or tense, or upset? How did you feel?
Miss A.: Frightened.
Leader: Just frightened.
Miss A.: Just frightened. Mrs. H.—my mobility instructor was the one to teach me, you know. And she kept saying, "Loosen up a little. Don't be so tense." It took a long time to loosen up a little. I'm much better now.
Leader: Right.
Miss A.: I guess you can tell. I'm more at ease now.
Leader: I see. So you came because you and your family decided that it would be the best for you.
Miss A.: Yes, because I didn't, they didn't want me. And I thought it was getting monotonous—
Leader: They didn't want you what?
Miss A.: To live there much longer, long. Because I lived there a long time.
Leader: I see, I see. Did everybody agree to this decision or—
Miss A.: It was up to me to agree more than they. But of course they figured it would be best for me and—
Leader: Do you think it will—it is the best at this point?
Miss A.: You know, you speak Jewish, don't you?
Leader: A little bit.
Miss A.: You know what a *brehrer* is, don't you?
Leader: *Ein brehrer,* huh?
Miss A.: *Hab nicht kein brehrer.*
Leader: *Hab nicht kein brehrer.*
Miss A.: That's what I kept telling—my brother called me the other day and asked me how's things. I said, *"Hab nicht kein brehrer."* I have no place to go back to no more. The apartment is gone now.
Leader: You don't have any choice.
Miss A.: In plain Yiddish I don't have any choice any more and I have to make the best of it. But as time goes by, I imagine, I'll get used to it. I don't know.

Mrs. N., who sounded determined to enter the Home immediately, a sentiment she persistently conveyed to her caseworker, gave up her apartment to become a resident a year later. Assertiveness is not synonymous with certainty. Behavior in carrying out a single social status, either as group member or casework client, need not furnish conclusive evidence of durable personality traits, nor readiness to enter the Home.

Excerpt III was part of a follow-up interview led by the director of group work of the Home, held three months after the concluding session of the pre-Home admission group, with those three new residents who had been participants. The two other members were not yet residents. It appears that antecedent and basically positive experiences in activity group programs under the auspices of the group work department of two of the five applicants helped to facilitate their acceptance of the applicant group experience. The positive association with the agency was also translated into benign attitudes toward the prospective residential experience as well. Prior contact with agency had led these two women to expect that the Home would provide similar activities. When this impression was substantiated, they reasoned that the Home wanted residents to lead useful, creative lives.

Their self definition, even prior to application, was not synonymous with either the homemaking or parental role, a definition held by the majority of female Home residents and applicants. These women encouraged the other three members to enroll in such activity group programs at the Home as ceramics, crafts or sewing so they too could utilize, give as gifts, the objects they would create.

Recall of the applicant group experience was dim and fragmentary. Recall of the activity group programs was unaffected and still positive in nature. Positive references were made to casework contacts, although no systematic

effort was made to tap recall of that experience. Results of follow-up may be explained in three ways:

(1) As failure to interlink the individual and group experiences of applicants and family members.

(2) The secondary or negligible value of a brief group treatment program.

(3) The number of subjects involved is too few for assessing the value of either individual or group services offered singly or collaboratively.

Whatever the point of view, there is some evidence that a full or half day program in the city office which offered both activity and discussion group experience hold promise as additional modalities for fostering a state of readiness for the experience in group living. Such a program would also yield considerable information about an applicant's functioning in social groups, his interests, coping skills, mobility status and needs. The discussion group could still remain brief and time limited; the number of activity group sessions determined by the nature of the activities, purposes and goals of group.

There is no rule-of-thumb for selecting the most advantageous time for instituting such a program. Groups of applicants (or kin) might begin at an early phase of contact, depending on the problem to be worked on and the availability of personnel skilled at, or trained for, skill in the group method.

The major objective of the group for relatives was to make more bearable the transition of applicant to group living by attending to feeling responses and attitudes toward separation, conceptions about program, expectations of self, applicant and agency, which created or exacerbated interpersonal conflict between relative and applicant, or between and among kin. Relatives share a common and ambivalent fate. It was hoped that group association might foster accommodative responses through mutual identification and encouragement.

Relatives are keenly aware that first rate residential resources are few, and in even shorter supply for aged with moderate to marked visual impairment. This knowledge, whatever their sophistication about social agencies, influences their behavior as clients. Ingratiation, blandness, denial of feeling, normalization of problem and deliberate withholding of information are gambits which may reflect their conception of the appropriate behavior of a buyer in pursuit of a scarce and precious commodity. This behavior may not reflect their characteristic attitudes toward or ways of relating to the aged relative.

Concurrent individual and group programs have heightened our appreciation of the intensity and frequency with which kin instruct aged clients to mask feeling responses. A leader's concern for the feelings of all may allay the distrust which is more appropriate to the market place.[12] Members may learn that directness, candor and introspectiveness are expected attitudes and behaviors, valued attributes for arriving at a reasonable conclusion to an anxiety-laden family dilemma.

Many relatives were sufficiently advanced in years to experience the group as rehearsal for their proximate retirement, eventual institutionalization and ultimate demise. This reaction, while not totally unanticipated, was slighted in preparatory discussions of content, focus, engagement and objectives of group. On review, it was agreed that group process and identification were hardly visible. Nor were there strong

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[12] Harry C. Bredemeier, "The Socially Handicapped and the Agencies: A Market Analysis," in *Mental Health of the Poor,* Frank Riessman, Jerome Cohen and Arthur Pearl (eds.), Free Press of Glencoe, New York, 1964, pp. 88–109.

indications that members were provided with relevant opportunities for abreaction, or assuagement of guilt and shame reactions. Members' comments regarding the value of the experience were vague, diffuse, or else dutifully positive. Structural matters, such as auspices, criteria for selection of members and leader(s), frequency and proper timing of meetings so as to maximize benefits derived from other service modalities, the linking of kin and aged groups for one or more meetings, will all require additional thought and discussion.

Implications of Recommendations

Case and group methods are variant forms of social interaction; each capable of yielding information about an individual's needs, motives and adaptive capacities. Disciplines are linked variously by agencies to help mobilize an applicant's potential for assuming personally satisfying and socially productive roles as resident. Service provision should, and often does involve members of each discipline in planned examination of the limits of his and of his discipline's competence. Yet training and experience do influence conceptions of and solutions to a problem. Kaplan has termed this phenomenon "the law of the instrument," whereby "a scientist formulates in a way which requires for their solution just those techniques in which he himself is especially skilled." [13] It is no surprise then that there are different and conflicting points of view in this agency about provision, auspices and differential use of case and group methods for applicants and kin.

When there are opportunities for choices, predilections to some, professional blind spots in others, surface. For example, should an evaluation of an applicant's mobility status be required during the preplacement phase? By establishing the degree of visual acuity of an applicant, selective provision for optical aids is made possible. Should an optometrical examination therefore be made mandatory? Should funds instead be allocated to other claimants, each of whom asserts that enhancement of physical competence, social mastery and self-esteem will be achieved through alternate service provision?

Group residences which screen in one geographical area but with facilities elsewhere, are faced with some administrative and practice dilemmas. Administratively it may promote clarity and efficiency to separate pre-placement casework functions from under-care provision. Yet the termination of that relationship at the point of admission may constitute a painful psychological loss to some new residents. Is it wiser, though more costly, to phase out gradually and selectively that relationship?

How important is it for caseworkers geographically removed from residential life to become attuned to that residence as a social organization with different sets of administrative, treatment and service hierarchies? Should those workers be sensitized at some depth to the social structure and patterning of resident behavior which the new resident learns to perceive and cope with? Can the city office caseworker expand his understanding of the psychodynamic life of his client without being afforded planned opportunities for participation in placement and early post-placement interdisciplinary conferences on the new resident? Decisions regarding program, personnel and service modalities probably provide a test of the immutability of Kaplan's "law of the instrument."

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[13] Abraham Kaplan, *The Conduct of Inquiry: Methodology for Behavioral Science,* Chandler Publishing Company, San Francisco, 1964, p. 28.