

The Nursing Home

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MY MOTHER WAS EIGHTY-FOUR, A WIDOW OF SIX MONTHS, AND BADLY CRIPPLED with arthritis in the fall of 1981. She was also virtually blind. For the past six months, her eight children had watched anxiously as she had tried to live alone. She periodically asked us, worried, if we were going to put her in a nursing home.

Our answers had been automatic. “Nonsense. We wouldn’t do that to you.” I quickly suppressed any thoughts of sending this tiny eighty-four-year-old to a nursing home. I would avoid the guilt and frustration of my friends, I told myself, who had succumbed to a variety of pressures and resorted to a rest home solution.

My seven brothers and sisters agreed. Consequently, even while Dad was alive, we had given our parents a great deal of our time and attention. We had adjusted our lifestyles to bring in meals and stay overnight with them so they could remain where they “belonged.”

This commitment to repay our parents for their years of nurturing was confirmed as we cared for our father through his last illness. All eight children had felt a deep bond those long weeks, watching our father die. His passing had been gentle, sober, even uplifting.

Then, six months later mother had a stroke. Her “home” shrank to a curtained-off bed in a hospital intensive care unit. As we watched her there in the dim light, draped in and surrounded by tubes and life-sustaining equipment, we faced the decision we had vowed to avoid. Our homes would not accommodate the equipment nor provide the skilled care mother would need.

We selected a nursing home and made an exploratory visit. It was a totally unfamiliar environment. “Residents” slumped in wheelchairs or shuffled haltingly in walkers. Each corridor was lined with hip-high banisters to steady the

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patients who could walk. Arthritic patients, whose hands could not turn wheelchair wheels, pulled themselves along by grasping the rails.

Each of the identically sized rooms contained two beds, sometimes a television set, always a chair or two. The occupants were no less uniform. If not lying in bed, they were tied into wheelchairs, a relief position for their bedsores and congested lungs. They would sit there for hours, looking silently at each other or out into the hall. Some were mobile enough to go to the recreation room to work on crafts, even to the dining area for meals. The rest were trapped in chairs or beds.

We explained it all thoroughly to mother: This would be a nice place — the staff kind, the food good, the medical care much better than we could provide at home. The reasons were listed as much for us as for her. Unfortunately, we could not convince even ourselves, and left feeling guilty and depressed.

We braced ourselves for our initial visit to mother in the nursing home, seeing her curled up in a hospital bed in the stark room. We resolved to get to know the staff, to bring in flowers and pictures, to be model visitors. We took mother for wheelchair rides, helped her eat, visited her often. We tried to ignore the strain of seeing an aged parent slowly wasting before us. We could almost understand why many relatives choose not to visit.

After mother was settled, we became part of the setting ourselves. We got used to sounds echoing along the hard, bare walls and accepted the clamor as due mainly to the hard-of-hearing residents. It is easier to talk loudly than to repeat your words. Slipped feet also shuffled down the hall, heels thwacking the tiles. Nurses spoke loudly to residents, patients called for bedpans, phones rang, television sets droned. All were punctuated by plaintive, if irregular, pleas for help.

Individuals emerged from the clamor, however. "What time is it?" called a ninety-two-year-old man to every person passing his door. Some responded. Others, tired of the question for the hundredth time, ignored him. Unable to arouse attention with that question, he had an alternative tactic. "Die! Die! Die!" he called in a monotone. Someone shut his door, but the sounds came through the wood, muffled and methodical.

Down the hall a once-strong voice sang, "I walked today where Jesus walked, in days of long ago." The words came clear and steady. He knew them all and repeated them. He then sang "Abide with Me." Curious, I left mother and followed the sound of the singing. I found the room and introduced myself. "You have a nice voice. I can tell you love to sing," I offered.

He looked at me gratefully. "I belonged to the glee club when I was young," he answered. "I can sing a lot more songs for you." His name was Alfred, his favorite song was "O My Father," and he promptly offered to sing it for me.

I hesitated, not sure I wanted even this much commitment. I told him I was going back to my mother and would come and listen to him next time.

Several days later I returned to the nursing home. Mother was sleeping, so I went to visit Alfred. Walking into his room, I asked, "Do you remember

who I am?" His face brightened immediately. "Have you been singing today?" I inquired.

"No. There isn't anything to sing about today." I was surprised to see tears in his eyes.

We talked, awkwardly. Not much to talk about either, I realized, when you've lost touch with the outside world. Even knowing that Christmas is a few days away doesn't make life happier in a nursing home, though a few rooms had tiny trees and cutouts pasted on the doors.

My five-minute visit to Alfred seemed like an hour. I finally excused myself with a promise: "I'll come to see you next time I'm in town."

Again Alfred started to cry. He reached his arms up like a child, wanting a hug. "I'll wait for you," he said. "I love you." My pride and hesitations melted, and I put down my handbag and gave Alfred a hug and kiss. I had known him a total of ten minutes.

When I arrived at mother's room she, too, needed to be held. "I missed you. I need you to stay near me," she begged. I sat and held her hand, rubbed her back, gave her sips of water, and told her I loved her.

A gentle nurse came to the next bed where my mother's roommate, a stroke patient, slept, ghost-like. "Rachel," she whispered, "we need to put this tube down your nose. I know it hurts and you don't want it, but it's the only way to feed you until you can learn to swallow again. Please help us and don't fight us, Rachel."

There was absolute refusal in Rachel's hollow eyes, but her hands were tied to the bed and she could not speak. So the team came in with the tubes and tranquilizers. Their mission was to get the food started so a positive report could be given to the doctor. He never saw Rachel's agony while she submitted to his orders. A curtain shielded me from the process, but I heard the groans and choking and gagging.

I also heard the nurses speak to Rachel with incredible warmth and patience. For a half-hour they pleaded, waited, tried again and again. When Rachel succeeded, they praised her sincerely. After the curtain was drawn back, Rachel was lying motionless, milky fluid dripping from the bag hanging over her bed into her emaciated body.

A camaraderie soon developed between us and the middle-aged children of other patients. These friendships became a support that kept us going as we tried to meet our parents' stressful needs, as well as cope with raising teenagers, keeping a home, and managing a career.

On a pre-Christmas visit, as I walked into my mother's room, Rachel and her daughter were sitting together, looking out the window as they had done for days at a time.

"We've had our Christmas present already," her daughter announced. "Today mother said she could see the snow bending the trees outside. She can even see the icicles hanging from the roof."

The daughter's elation was contagious. Seeing was miraculous. So were words. I had watched Rachel writhing and groaning for days. I had doubted

that she would have a positive experience ever again. Her success became ours.

Another time, as I sat with my mother, an eighty-five-year-old lady wheeled into the room, her head down, her feet mobilizing the wheelchair. Her arm was in a sling and both hands were so crippled I could see why she didn't use them to turn the wheels.

"Mind if I come in?" she asked, heading right for my chair.

"Not at all," I whispered. She tried to look up, but her gnarled body made it impossible.

Her name was Sophie, and I was charmed by her assertiveness. She was making the system work for her. If she had to be here, she was going to see that she met new people. No staring at the wall for her. "Can't stand that room. Too depressing," she declared. "I'm going to get better and go home where I belong." I hoped she could, though I wondered how she would ever manage alone.

She told me about herself, her fifteen-year widowhood, her fall on the ice, her hospital stay. When we had exhausted our conversational options she asked me to head her out the door so she could find another friend.

Two hours later I heard the physical therapist asking for Sophie. "I've been in there ten times today trying to find her," he called to the head nurse. "She's never in her room. How can I help her if I can't find her?" I chuckled at his frustration. When he did lasso Sophie some time later, I listened to their exchange in the hall. Brad, the physical therapist, was helping her walk and exercise her broken elbow.

"You've got to look up, Sophie. You have to try to see where you're going."

It took a lot of effort, but she struggled to cooperate with Brad. In his voice was affection and concern and hope. Rest homes aren't always defeating.

During the supper hour Sophie rode back into mother's room, this time carrying a cottage cheese carton.

"Would you help me?" she asked, handing me the carton.

"Surely. What do you need?"

"My teeth are in this box. I need them so I can go to supper. Will you rinse them? I can't get to the sink alone."

I was complimented that Sophie's pride didn't stop her from asking for help.

My next visit to the nursing home showed an improved Rachel. The food tube was in her nose because she still couldn't swallow. But she was trying to talk and was being readied for physical therapy. A nurse's aide came to take her to "PT" in her wheelchair.

"Hi, Rachel. You look pretty today. How about a smile?"

Groans.

"Can you say, 'okay'?"

Mumbling.

"That's coming, Rachel. I can tell you're trying. Now, 'okay'."

More sounds, but no words.

"How about a smile, then?"

Struggle, then a faint smile.

"Oh, Rachel. I'm so proud of you. I know you're trying." The nurse hugged her. "I love you," she said.

Even visiting the nursing home was an intense emotional experience. For each positive incident there were several negative ones — both for the staff and the families. It was not easy to remain cheerful.

In mid-December I overheard one employee complaining about having been assigned the Christmas afternoon shift. "They can manage with less staff," she complained. "Why do I have to be the one who comes in?" Knowing that my mother could not leave the home that day, I wished for compassionate care at a time that would be hard for us all. The reassurance came when another nurse told me, "I get to work Christmas morning. I love my friends here, and I want to be with them when they wake up that day."

Carolers came to the nursing home several times during the holiday week. Youngsters were prodded along the halls by their advisers as they sang "We Wish You A Merry Christmas." The residents smiled at the children's faces, but cried, too — longing for a merry Christmas yet realizing that happy seasons were likely in the past.

There is some unpleasantness in a nursing home. Many of the patients are cantankerous or listless. Others won't dress, eat in the dining room, shave, or bathe. Some complain constantly. When life revolves around the bathroom, a meal, sitting, staring, and bathroom again, no wonder depression and bitterness set in.

None of this nullifies the small triumphs, though. John, who called "Die! Die! Die!" finally ventured into the hall. Bertha, totally paralyzed, learned to drive her motorized wheelchair and the staff dubbed it her "hot rod." Mother bravely avoided complaining, bearing her pain privately. Bessie, Chloe, and Florence enjoyed "getting pretty" in the home's beauty shop.

It seems that people who don't know the inside of a rest home, except for a quick holiday visit, miss an important part of human experience — even a sublime part. Amid physical and mental deterioration, pain and loneliness, the elderly struggle to achieve dignity.

Until mother's illness we had been content to drive by rest homes. We had deprived ourselves, for inside is compacted an intensity of human experience. We now know that some of life's toughest tests are met there. And we shall meet them too.