



A SENSE OF COMMUNITY

We are inevitably social creatures who desperately need each other not merely for sustenance, not merely for company, but for any meaning to our lives whatsoever.

—Scott Peck¹

Most people move to senior living communities for the sense of “community” they believe they will find there. Unfortunately, the developers and administrators of these communities often ignore the community aspect, even though it should be one of their primary goals. These professionals can and should learn how to foster community and use it to enhance their residents’ well-being.

Most persons who move to senior living communities come from communities where they have grown and matured. Frequently these persons’ families, neighborhoods, and community networks are no longer able, or in some cases willing, to nourish the elderly, enable them to grow, or provide a satisfactory quality of life. In a recent study David Cwi asked about the benefits of living in a particular senior living community; 37.7 percent of residents responded, “caring residents,” while an additional 19.4 percent responded “caring staff.”²

In trying to develop a sense of community, senior living community administrators need to consider three conceptual areas: mission, mutual-

Senior Living Communities Must Allow For Mission, Mutuality, And Myth

BY BRIAN E. FORSCHNER, PhD

ity, and myth. The **Box** on p. 36 describes how St. Leonard Center, Dayton, OH, applies these themes in providing a community for its 461 residents.

MISSION: FOR STAFF AND RESIDENTS

Mission is the ongoing task or responsibility that the organization is destined to fulfill or committed to undertake. The mission statement, philosophy, and corporate values are the heart of the organization. Mission, philosophy, and corporate values should represent resident and staff expectations, desires, and goals. The lines between

Summary Most persons move to senior living communities because they want to regain the sense of “community” lost when they left their families, neighborhoods, and community networks. By focusing on mission, mutuality, and myth, the organization can offer residents this feeling of belonging.

The mission statement must become the heart of the organization. It should represent both resident and staff expectations and goals.

Community also develops around mutuality, a life-sustaining and growth-promoting matrix of care, comprising resident-staff care, staff-resident care, resident-resident care, and staff-staff care.

Myth, the third component of community, is a way of making sense of what is often a senseless world and enhancing people’s feeling of community. To facilitate coping with the stresses of aging, senior living community staff must sustain and promote myths, especially religious myths, images, and symbols.

St. Leonard Center, Dayton, OH, is a senior living community that has incorporated these three components into its organization to make it a community in the true sense.



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“employee” and “customer” become blurred in true community living. Consequently, the senior living community’s mission statement applies to both staff and residents.

MUTUALITY PROMOTES CARE

Community also develops around mutuality, a life-sustaining and growth-promoting matrix of care. The matrix comprises resident-staff care, staff-resident care, resident-resident care, and staff-staff care. Jean Vanier explains this concept by defining community as “groupings of people who have left their own milieu to live with others under the same roof, and work from a new vision of human beings and their relationships with each other and with God.”³ This definition may appear to overstate senior community relationships. However, to persons who have sold their homes and belongings and left familiar surroundings to spend the rest of their lives within a senior living community, it rings true.

Vanier maintains that the essential elements of life in a community are also part of life in a family: interpersonal relationships, a sense of belonging, and orientation to a common goal and a Christian witness to Gospel values.⁴ Although he uses “community” in a somewhat restrictive sense, the term readily applies to the persons in senior living centers who are bound together by common needs and a search for meaning in their lives. Residents “come together around ideas, around a vision of men and society, a common interest.”⁵

Another important aspect of mutuality is inclusivity. Inclusivity, at a fundamental level, implies the community’s acceptance of all races, sexes, and beliefs. To achieve a true community, however, residents and staff must be included in its operation and policy development.

Similarly, as Peck points out, exclusivity is the great enemy of community.⁶ “Retirement” centers have come under attack from time to time for being exclusive—“elderly ghettos.” While preserving the integrity of residents’ service needs, senior living community administrators must realize residents are a microcosm of the surrounding community, forming a community within a community. At first glance a separation appears to exist between the senior living community and its surrounding community. The need for balance between the two was expressed poignantly at a recent resident meeting to discuss the inception of a preschool program on the St. Leonard campus. “I came here for peace and quiet,” remarked



Kari Kaplan

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one resident. Another resident countered, “Well, I didn’t come here to look at old faces for the rest of my life.”

Continued growth and the ability to resolve the developmental stages of aging can happen only in an atmosphere of individual choice and decision making. Growth through choice and the consequent empowerment that occurs must be the yardstick against which we measure all programs and operations. Administrators and staff often raise the issue of diminished capacity as a reason why resident participation cannot work. A Hastings Center report addresses this in an enlightened manner by calling for “creative, enabling use of dependency to give richer meaning to the lives of individuals who can no longer be self-reliant.”⁷ The report goes on to say, “A new agenda for the ethics of long-term nursing home care could be set by seeing nursing homes as communities of caring and interdependency” (mutuality).



ST. LEONARD CENTER: TURNING DIVERSE RESIDENTS AND STAFF INTO A COMMUNITY

St. Leonard Center is a senior living community in Dayton, OH, developed in 1983 by the Franciscan Sisters of the Poor. The center's living areas vary from apartments and cottages to a rest home to a skilled long-term care facility. The staff of 200 serve 461 residents. The rest home has 30 beds, and the long-term care facility has 60 beds. St. Leonard Center emphasizes care for the indigent elderly, offering them low-income housing and emergency shelter. Administrators at the center have taken many steps to turn the diverse residents and staff into a community.

MISSION

The mission statement of the Brooklyn, NY-based Franciscan Sisters of the Poor Health System (of which St. Leonard Center is a member) reads as follows: "We are a community of women and men dedicated to continuing the healing ministry of Jesus. We strive for excellence in providing service to all who need us. We are energized by an atmosphere of joy, mutual respect and compassion to find better ways of serving."

The shared values, which express the way the staff carries out its efforts, are as follows: "Compassion—We demonstrate a caring manner and respect the dignity of all. Competence—We provide quality services and perform our duties as capably as possible. Collaboration—We work together in a spirit of mutual support as we carry out our mission. Creativity—We strive to find better ways to serve" (Franciscan Sisters of the Poor Health System, Inc., 1988 *Annual Report*, Brooklyn, NY).

This statement of mission and corporate values permeates all levels of St. Leonard's operations. For example, recruitment, orientation, job descriptions, employee recognition, training, resident programming, and marketing

reflect, are measured by, and must pass the litmus test of mission and corporate values. For example, a resident mission committee monitors the residents' and staffs' collective faithfulness to this mission.

MUTUALITY

At St. Leonard Center more than 100 residents and numerous staff are involved in policy-making committees, including programming, mission, long-range planning, and finance. Residents and staff review the same financial reports as the board of trustees. Justifications for rent increases or budget cuts are mandatory. Each year residents fill out satisfaction and quality-of-life surveys, and staff respond to employee satisfaction surveys. Everyone is welcome to review the results. These are examples of the demands that mutuality places on individual choice and decision making, along with individual autonomy.

St. Leonard residents have developed and adopted their own bylaws. The bylaws allow as many as five representatives from each living area to join the various committees. The president, vice president, and secretary from each living area make up each committee's executive council. A staff member is also assigned to each committee.

The long-range planning committee is currently reviewing a board proposal to add nursing home beds. This committee was involved in the construction of the original St. Leonard nursing home and advised the architect on its design.

Another way St. Leonard involves residents and staff in the local community is by enabling them to join a parish of more than 300 families who worship in the center's large chapel. The parish has its own full-time chaplain and director of religious education. At times, residents have taught religious education as parish volunteers.

Residents can also join a 700-member senior citizens' center housed at St. Leonard Center, which enables them to get to know residents of the surrounding community. Other ways the two communities come together are through groups such as the Sister Cities Program, the Knights of Columbus, a preschool program, a developmentally handicapped high school program, a program for students with severe multiple handicaps from the county schools, the local Rotary and Lions clubs, Alcoholics Anonymous, and many more groups. In addition, the Dayton Lighter than Air Society has chosen the St. Leonard Center campus as its hot-air balloon launch site.

MYTH

The saints themselves, whose names adorn many Catholic centers for older Americans, are particularly rich sources of mythology. Part of St. Leonard's employee and resident orientation program is the story of Blessed Frances Schervier, who overcame insurmountable obstacles to found the Franciscan Sisters of the Poor (St. Leonard Center's sponsor).

St. Leonard managers continually encourage staff to listen to residents' stories, especially the stories about their lives. They believe that the residents' most precious assets are their stories about their lives.

Staff afford many opportunities for residents to share their stories during daily conversations, education programs, holidays, activities, and funerals. At funerals of St. Leonard residents, friends are encouraged to tell stories and relate information about the life of the deceased person.

St. Leonard Center staff also offer workshops on journaling and hold monthly sessions in which residents share stories.



A hope-filled life, a life under one's own control, a life of continuing choices and decision making, a life with meaning, promotes health and longevity. Author James A. Autry shows encouragement for the work of leaders of senior communities when he states, "If you're not creating community, you're not managing."⁸

MYTH ENRICHES THE LIVES OF ALL

Myth, the third component of community, is one's way of making sense of what is often a senseless world. In an interview with Bill Moyers, Joseph Campbell states, "Myths are clues to the spiritual potentialities of the human life."⁹ He continues:

People say that what we're all seeking is a meaning for life. I don't think that's what we're really seeking. I think that what we're seeking is an experience of being alive, so that our life experiences on the purely physical plane will have resonances within our own innermost being and reality, so that we actually feel the rapture of being alive. That's what it's all finally about, and that's what these clues help us to find within ourselves.

Rollo May cites myths' contributions to our lives¹⁰:

- They give us a sense of personal identity.
- They make possible a sense of community.
- They undergird our moral values.
- They help us deal with the inscrutable mystery of creation.

In other words, without myth we would have no real community. Paraphrasing nineteenth century German philosopher Friedrich Nietzsche, May goes on to say, "Our powerful hunger for myth is a hunger for community."

In her discussion of symbols and images of aging (expressions of myths), Evelyn Eaton Whitehead states that three challenges are central to the personal experience of aging: "establishing a basis for self-worth less dependent upon economic productivity or social role; interpreting the significance of one's own life; and coming to terms with the changes and losses of aging."¹¹

When they move to senior living communities, most persons have gone through developmental stages when the ownership and consumption of goods were paramount and a later stage when being served and catered to became significant. If they have satisfactorily resolved these life stages,

Senior living community staff must respect and develop the religious myths, images, and symbols associated with the various religious denominations represented in the communities.

many people reach the stage when they perceive life as being finite and drawing to a close. At this point people find developmentally important what David Wolfe has called "being" experiences.¹² Being experiences are those which help people interpret reality, grow, maintain their health, and prepare for the conclusion of this phase of their existence.

To facilitate coping with these challenges, senior living community staff must sustain and promote myths in their communities. Staff must respect and develop the religious myths, images, and symbols associated with the various religious denominations represented in the communities. A part-time, casual approach to pastoral ministry, for example, flies in the face of the sustaining of community. Most religious institutes have strong roots and stories—that is, myths—surrounding their founders, who overcame hardship and whose faith sustained them in building their religious communities. Roots such as these must be apparent to all residents and staff for community to flourish.

In addition, all institutions have a folklore that gives it a sense of community, for example, stories about the time the chairperson of the board mowed the grass or a department head swept the floors because of a staff shortage.

Residents must also be encouraged to tell their own stories as a way to enrich the lives of other residents, staff, and local area members. Reminiscence is a restatement of one's personal myth and a chance to provide closure to one's personal life.

COMMUNITY VERSUS LIFE-STYLE ENCLAVE

Are retirement communities really communities? Yes, in a sense. Peck calls them "communities by accident."¹³ They are certainly designed communities, but not necessarily communities by design. Sometimes they are life-style communities. Life-style communities tend to be places in which the primary focus is on catering to residents by providing services such as fine dining and offering leisure activities that bring together persons of like social, economic, and cultural backgrounds.

By definition, life-style communities are exclusive, not inclusive. Robert Bellah defines these not as communities but as life-style enclaves because they address only one's private life, primarily in terms of leisure, and include only individuals with similar life-styles.¹⁴ He refers to the need for community as a "habit of the heart." In

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his work, *Habits of the Heart*, which is a critique of individualism in American society, Bellah offers the following analysis: "Whereas a community attempts to be an inclusive whole, celebrating the interdependence of public and private life and of the different callings of all, lifestyle is fundamentally segmented and celebrates the narcissism of similarity."¹⁵

If community is to be present; if it is to be more than a life-style enclave, more than housing, shelter, meals, and arts and crafts; if it is to provide opportunities for healing, growth, and development; if it is to provide an environment for coming to grips with the significance of our own lives, then it must be a community in the strictest and most classic sense. It must exhibit the elements of mission, mutuality, and myth.

COMMUNITY ROLES

What, then, is the role for owners, administrators, trustees, and residents? Peck, May, and Bellah each speak of mission and commitment, mutuality and inclusion, and myth and meaning. They pose these concepts as functions of the ultimate goal—individual and collective peace and fulfillment. Peck says it eloquently:

Simply seek happiness, and you are not likely to find it. Seek to create and love without regard to your happiness, and you will likely be happy much of the time. Seeking joy in and of itself will not bring it to you. Do the work of creating community and you will obtain it—although never exactly according to your schedule. Joy is an uncapturable yet utterly predictable side effect of genuine community.¹⁶

The role of sponsors, trustees, and administrators is simple, yet intensely focused: to create community through the being experiences of mission, mutuality, and myth. Community signifies a paradigm change in long-term care. Community also reflects a paradigm change in our individualistic society. Sponsors, trustees, and admin-

istrators should not be retirement community developers or builders of lifestyle communities, lest they fall into the trap of developing contiguity and enclaves instead of community. From now on let them refer to themselves as builders and developers of mission, mutuality, and myth—makers of community. Building community will be the visionary work of the twenty-first century. □

NOTES

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4. Vanier.
5. Vanier, p. ix.
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7. Hastings Center Report, *Special Supplement*, March-April 1991.
8. James A. Autry, *Love and Profit: The Art of Caring Leadership*, Morrow, New York City, 1991, p. 145.
9. Joseph Campbell with Bill Moyers, *The Power of Myth*, Doubleday, New York City, 1988, p. 5.
10. Rollo May, *The Cry for Myth*, Norton, New York City, 1991, p. 45.
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12. David B. Wolfe, "Life Satisfaction: The Missing Focus in Marketing to Seniors," paper presented at National Association of Senior Living Industries National Exposition, 1987.
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15. Bellah, p. 72.
16. Peck, p. 40.

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