



Servas' eight children and their children join in praying the Hail Mary during a breakfast:



bles granddaughter Allison breakfast while great-grandfather attends to some of the

enon, according to Dychtwald, is or retire or we may retire several op working one or more times ben order to go back to school, raise family), enter a new business, or couple of, enters to travel or enjoy y go back to work in our 60s, 70s, continue to take up new challenges lives.

We have considered just two major span.

" is the phase of dependency and th through adolescence, in which as children and prepared for the lives.

"ge" is the phase of greater inde- my and changing relationships. e, a person makes several funda- hat to do in life, what friends to e, and, for many, whom to marry ldrren to have.

ny people — especially in lesser- es — would die before this second npleted.

consider a third phase in our life

e" is a time of giving back to so- resources and experiences accu- time.

of the third age, "With the chil- many of life's basic adult tasks way or already accomplished, this ore reflective period allows the ent of the interior life of the intel- agination, of emotional maturity, personal sense of spiritual iden-

may be a period of 20 to 30 years,

and we are called to see this longer life span as a special gift from God.

More of us are living longer and well into older adulthood than at any other time in history. Of those people who belong to the third age, 80 percent continue to be well, active and independent; 14 percent need assistance with severe, chronic impairments; and 6 percent live in nursing homes.

By the year 2020, one billion people in the world will be over 65-years-old. In the United States, this age group will peak between 2007 and 2010.

Although our general population went down a little from 1970 to 1980 in New York state, the number of those over 85 grew by 44 percent. Many retirees return here from the Sun Belt after 10 or 15 years, drawn by their family roots and opportunities for better health care than in some other states.

Our older population increasingly lives in the suburbs: a major shift since 1960. However, our cities have a larger share of those 85 and older, many of whom are women who never expected to live this long. If they served as homemakers without pensions of their own, they find themselves at greater risk of being left alone and becoming impoverished.

Marriage and re-marriage in later years is a growing reality, with major adjustments not only in finances but in changing relationships and living arrangements. Since women tend to live seven years longer than men, there are nine women for every one man over 65. Currently, the divorce rate of those over 65 is about 10 percent. Men and women who remain married will be living longer together as a couple than the time they spent rearing their children. This fact challenges them to develop new ways of relating to each other.

The family provides 80 percent of all home care services, with women continuing their traditional role as the primary care givers of their older relatives as well as of their children. They devote an average of 17 years to child care and 18 years to helping a dependent parent.

With more women in the work place and a lower birthrate in recent decades, the pool of future care givers is shrinking because family settings and lifestyles are changing. Consider these facts: more people are living alone and there are more single-parent families; and more families are geographically separated and family members are more mobile, which challenges our traditional ways of getting together and giving support.

Most of us tend to avoid facing changes. But what if we find ourselves suddenly standing in an emergency room facing a crisis, and then we need to begin discussing plans for the care of a chronically ill family member?

Obviously, a crisis situation is the worst time to try to make important decisions, when it is difficult to get the facts and think through the situation clearly:

- What is the individual's present condition and



Alice Servas visits her father, Maurand Sell, at St. John's Home in Rochester. Sell's wife, Alice, visits him daily, but has been suffering from the flu this past week.

probable outcome?

- What are this person's wishes regarding treatment and care?
- What options may be available for care?
- How willing and able are family members to become involved if long-term care is needed?

We also find that serious changes in physical health force us to deal with many other questions as well. There may be important legal and financial concerns, and — most of all — there can be hidden conflicts and problems in our relationships that have never been resolved. These tend to come to the surface and add to the complexity of our family decision-making.

Families are also challenged by the complexity of health care in this country. Many people mistakenly believe that Medicare or their traditional health insurance will cover all the various situations that may arise. The fact is that most people's coverage is limited, with little or nothing for care at home, or in an adult residential facility, or in a nursing home. Budget cuts at all levels now jeopardize some of the services that have been available in the community to assist older people and their families.

The rising number of older adults and the shift in life expectancy has forced Americans to explore their attitudes about the aging process.

Age should not be seen as the cause of the change, but as a normal process of adult development throughout life. As Satchel Paige — who continued to play baseball until he was in his 50s — once said, "How old would you be if you didn't know how old you was?"



## Mercy Center gives insights into aging

Over the past eight years, Mercy sisters Anne Maloy and Grana L. Esperance have molded the Mercy Center with the Aging into a model ministry for people in the "third age" of life.

The staff of the center — which was created by Sister Maloy in 1983 with the support of her congregation — has served more than 3,000 people at 77 churches around the Rochester diocese. Programs have provided churches, individuals, families and volunteers with information, training and skills to face the opportunities and challenges of the third age.

Sister Maloy said she became aware of the need for such training during her years as a pastoral minister at St. Anne's Parish, Rochester. At the parish, she organized a senior citizens group through which, she said, "I saw the needs of the elderly."

Sister Maloy then became director of social work at Brockport's Lakeside Hospital, where, she said, families admitting elderly relatives were often ill prepared to make health care decisions.

That awareness led her to Syracuse University, where Sister Maloy earned a master's of social work in gerontology in 1981.

As a result, Sister Maloy developed the program of education and support that, in May, 1983, became the Mercy Center with the Aging.

Sister L. Esperance joined the Mercy Center in September, 1983. She brought with her experience in adult education after having served as the assistant director for field education programs at the St. Bernard's Seminary until 1980, and, from 1980-83, as a consultant for adult education to the diocese.

In addition to her educational experience, Sister L. Esperance had gained lots of practical experience through working and living with the elderly.

"My mother made a living from the time I was 7 years-old by having older women live in our home," Sister L. Esperance recalled. Consequently, she added, "My attitude about what old is were different from most people's."

Under the guidance of the two women religious, the Mercy Center with the Aging has worked mainly through churches to offer programs to older adults, families, care givers, and volunteers.

Programs include a Family Education Series on Aging; a Project Planning Program which enables parishes to develop or expand neighborhood outreach projects; a Leadership Support Program; an Advocacy Committee on Older Adult Issues to promote change in social policies and strategies; and consultation and referral to parish ministers, older people, care givers, and volunteers.

— Lee Shuman

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by  
tte G. Augustin

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