

Reflection Growing Old

MSGR. CHARLES J. FAHEY

ll living things have a life span. And underlying the human journey is our physiological makeup. Cells are in a constant state of flux; some are wearing out and others replacing them. In the latter part of human life, replication does not keep up with decline. Those of us who dare try to fathom Divine Providence, who have an appreciation for all of creation, might consider we are co-creators in an ongoing evolutionary process. Even from early catechism, we learn God made us to know, love and serve Him in this world as well as to be happy with Him forever in Heaven.

With this perspective, we can divide the human journey into three stages. The first stage is from conception onward with growing physical, emotional, intellectual and, hopefully, spiritual maturity until the individual is able to develop capacity for a productive and fruitful life.

The second stage is usually the time of greatest physical capacity to sustain the individual, the family and make a contribution to the common good. It may bring the blessings of marriage, children, vocation or other ways to serve and flourish in the fullness of life.

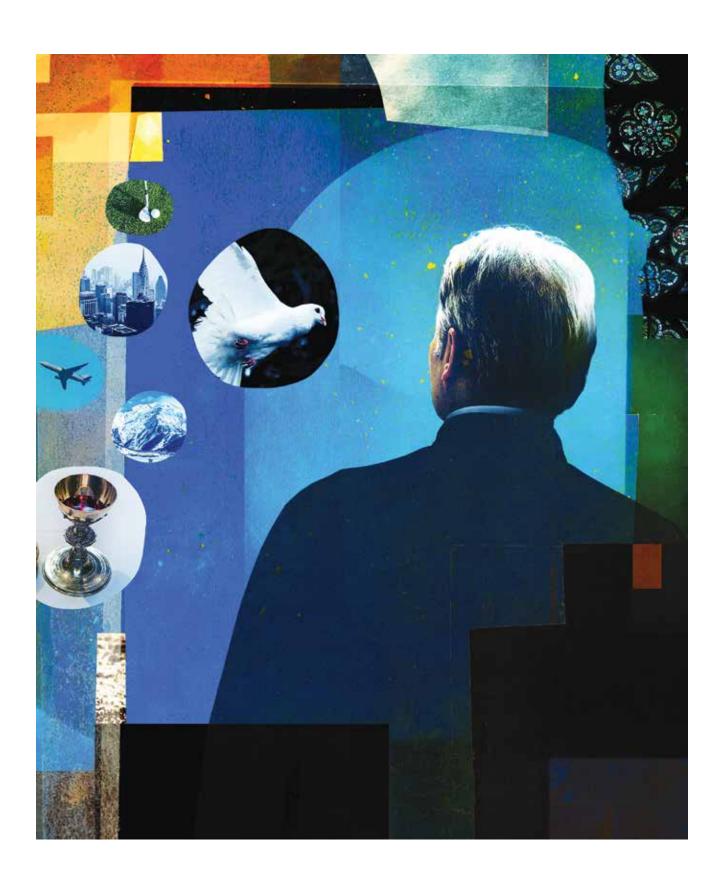
The third stage is part of a continuum. The prior times and places, relationships and events are integral to the personhood of the older person. Most people will continue to be parts of families in the third stage, including the important role of grandparenting. Even for those living through it, this stage can seem like an exploration of unknown or unfamiliar territory.

The third stage may involve a decline in vitality. However, many older adults use experience to their advantage and to the advantage of those around them. They may use more of their knowledge and dexterity, and rely less on physical strength and stamina than they might have in the earlier stages.

The third stage may include progressive intermittent frailty, with increasing difficulty to deal with activities of daily living. This phenomenon differs from person to person and can be mitigated with voluntary support or paid assistance. Some challenges can be modified while others cannot. A distinguished German psychologist Paul Baltes developed the expression "select, optimize and compensate," which includes selecting those things in one's life of which are most valuable and which one is still capable of and to concentrate on them. We are fortunate to live at a time in which many discoveries have been made concerning the preservation of health, as well as medical and rehabilitation activities that can assist an individual to function despite disease or injury. Assistive devices and pharmacological treatments allow individuals to deal with losses that would have been devastating in prior years.

The ability of an individual to deal with changes, especially losses, has a great deal to do with how one has dealt with loss, disability or frailty throughout one's life previously. One's abilities in old age — physical, emotional and spiritual — are predicated to a large extent upon the choices for better or for worse that have already been made throughout the life journey.

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This personal reflection on old age has been a grace-filled, though at times painful, exercise. It has occurred over a several month "lockdown" at my home in the Jesuit residence at Le Moyne College in Syracuse, New York, due to the coronavirus pandemic. It has been as though I am on a lengthy retreat. It has been both an exercise in my spirituality and an evaluation of what I have done, and will do, with the challenges and opportunities I have.

At age 87, I have lived 10 years beyond the life expectancy for males born in 1933. My current cohort has a life expectancy of five years. Even an elementary understanding of statistics cautions one to be aware of the "norm" since some will die younger and some older. My old age is idiosyncratic from several vantage points. I have lived, directly or indirectly, through a number of major social events such as the Great Depression,

World War II, the Civil Rights movement of the '60s, Vatican Council II and Vietnam.

A decision of special significance in my life was to enter the seminary, which meant I would never marry. Though I have many friendships I cherish, I am single, with no close relatives. After ordination, I expected to be involved in pastoral ministry. As fate and the bishop would have it, that lasted only two years during which I was a happy assistant

pastor at St. Vincent DePaul parish in Syracuse.

I soon began down a path that led to decades of involvement in improving policy and care for the elderly. I was sent to the School of Social Work at Catholic University to see what I could learn about services to the aging. The Catholic nursing home in the region needed updating to better serve people and to pass muster in the new reimbursement and regulatory environment.

Post Vatican II, Catholic vowed religious and lay people of several faith traditions developed many new services and programs for older adults in the Syracuse area, some of which served as guidance for other regions as well. During the period from 1961 through 1979 we experienced the renewal and significant expansion of Loretto Geriatric Center, the establishment and devel-

opment of St. Camillus, the founding of the Program of All Inclusive Care of the Elderly (PACE), Christopher Community and the growth of day care and family life programs. All of this meant the scope and breadth of services for older people were changing in good and innovative ways.

Having served 20 years, I recognized that the agency might benefit from new leadership. After my "retirement" I was kidnapped to teach in Fordham University's School of Social Work and was the Marie Ward Doty Chair of Aging Studies. This marked the beginning of my now 40 years of happily living in a Jesuit community.

Over the years, I became deeply involved in the relatively new aging movement. I was active on the boards of a number of organizations, ultimately serving as chairperson for four (American Society on Aging, LeadingAge, the National Council on Aging and Catholic Charities USA)

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having been elected by the membership in each. I was chair of a fifth, the federal Council on Aging, by President Jimmy Carter's appointment. I also was a member of the board of the Catholic Health Association and a founding member of the American Foundation for Aging Research. I served as the Vatican spokesperson at the 1982 Vienna United Nations' World Assembly on Aging and as a United States delegate to the 2002 Madrid United Nations' World Assembly. I hope this work brought people together, in association and through agencies, to address the problems of the elderly and to envision long-term care beyond an institutional approach.

Despite many changes in my roles over the years, I have moved into old age without having to make dramatic psychological adjustments

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AGING AND LONG-TERM CARE



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because I continue to center my identity on being a priest. Moving from active work into more of an emeritus role, I have found this to be a time to focus on faith — an escape from the distractions that can come from being an administrator, organizer, public policy person and professor to concentrate on my spiritual life as a Christian and priest.

I cannot escape both the decline and losses associated with old age without some feeling of regret. The most obvious decline has been in energy, though changes to my skin, eyes and teeth have an impact. Fortunately, I have an artistic dentist, skillful dermatologist and an able ophthalmologist, so I am able to deal with these declines with little loss of functional capacity. I miss skiing and golf. Then too it is strange to reflect that I have done a number of things for the last time. A few years ago Delta Airlines informed me that I had flown more than an actual one million miles since having been with them. I suspect my flying days are over. I sometimes have a little short-term memory loss. When I need it, my iPhone sometimes serves as my supplemental memory.

At this stage in my life, I have outlived many of my closest friends. I still cherish the friendships that remain, including those I have known since my youth and those who may not live nearby but remain dear to me. I also find I have developed some new friendships in recent years.

As I age, I also acknowledge loss. A particularly poignant loss is being unable to physically preside

at daily liturgy, though I feel I am fully concelebrating any liturgy I attend. There's a degree of anxiety about the loss of autonomy from no longer driving a car. I am avoiding long drives. Good-bye, New York City. I do not drive at night. I do drive early in the morning for Mass at St. Joseph's in Liverpool. I have been taking this same route for almost 20 years, so I know the way and go when it is well-lighted. I have enough humility that I will stop driving when I need to, as painful as it may be.

Other concerns arise, of physical capacity, even to just walk. And particularly having the intellectual capacity to learn, to remember, to discern, to make good judgments and to pray. Of course, we all face the reality of death which could occur at any moment in life, but it's much more dramatic when you know you are close to it. As a person of faith, I have hope, but that does not remove all uncertainties about death or my worthiness of whatever is in store.

I am blessed and grateful for the opportunities that have been afforded to me and the people with whom I have crossed paths. While most of these opportunities and personal interactions have been grace-filled, not all have been. At this time in my life, I wish I could set "all relationships right." How grateful I am to have been exposed to and absorbed the Good News, to have found in Christ a brother who modeled redemptive activity, to have the Holy Spirit's continuing inspiration and to have knowledge of our Creator, who wants to be known as our loving parent.

MSGR. CHARLES J. FAHEY, known for his many contributions to improve understanding of aging and services to the elderly, was the Marie Ward Doty Professor of Aging Studies at Fordham University, New York City. He received a Lifetime Achievement Award from the Catholic Health Association in 2012.

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