



The Surviving Majority: Differential Impact of Aging and Implications for Ministry

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Women comprise the surviving majority in our society. The extension of a woman's life expectancy from approximately 45 years in 1900 to 78.2 years in 1982 represents one of the most revolutionary changes in the twentieth century. A man's life expectancy currently is only 70.9 years.¹ Consequently, in the present "graying of America," women will be culturally defined as *older*—and *old*—for a longer period of time than men. This recent dramatic extension of life expectancy compounds the double jeopardy of ageism and sexism that challenges and confronts older women. As a result of this demographic shift, the questions of power and self-definition take on crucial significance as a woman increases in age.

In view of the disproportional representation of women in our society, it is puzzling why so little has been undertaken until recently to study what it means to grow old, female style.² For example, the Gerontological Society of America did not give attention to older women in its programs until its 1978 annual meeting. In spite of the fact that women over 65 represent the fastest growing as well as the single poorest group in American society, they have been largely ignored by the women's movement. Although ageism is no less a heresy than sexism, references to ageism are still often conspicuously absent in the lists of "interlocking injustices" that feminist theology opposes.³

¹U.S. Bureau of the Census, "America in Transition: An Aging Society," by Cynthia M. Taeubur, Current Population Reports, Special Studies, Series P-23, No.128 (Washington, D.C.: U.S. Department of Commerce, 1983) 1. Hereinafter cited as "America in Transition."

²Recent representative examples of studies of older women include the following titles: Marilyn R. Block, et al., *Women Over Forty: Visions and Realities* (New York: Springer, 1981); Violet Franks and Esther Rothblum, eds., *The Stereotyping of Women: Its Effects on Mental Health* (New York: Springer, 1983); Gari Lesnoff-Caravaglia, ed., *The World of the Older Woman* (New York: Human Sciences, 1984); Elizabeth W. Markson, ed., *Older Women: Issues and Prospects* (Lexington, MA: D. C. Heath, 1983); Susan Sturdivant, *Therapy with Women: A Feminist Philosophy of Treatment* (New York: Springer, 1980).

³Mary D. Pellauer, "Feminist Theology: Challenges and Consolations for Lutherans," *Dialog* 24:1 (1985) 11-25.

This essay is written with the conviction that every part of the church—individuals and congregations, laity and clergy, educational institutions and social service agencies, regional and national judicatories—must fully acquaint itself with the demographics and issues of aging women and their implications for creative and responsible ministry.

I. DEMOGRAPHICS AND DESTINY

When does one become old or older? Although it is far more accurate and helpful to define age functionally rather than chronologically, age-bounded categories are generally used for describing segments of the population. Census statistics use age 65 and over in giving demographic information about older adults.⁴ The growth of the older adult population in the United States is reflected in the following statistics:

- *In 1776 every fiftieth American was over 65. Today every ninth American (and every tenth Canadian) exceeds 65.
- *In the last two decades the 65 and older population in the U.S. grew twice as fast as the rest of the population.
- *The fastest growing American group is the 85 and over population.
- *Between 2010 to 2025 the American and Canadian population will increase by more than 1 million people each year as a result of the baby-boom generation of World War II turning 65.
- *In the year 2030 one person in five will be over 65.⁵

Demographics compiled by a White House Mini-Conference on Older Women illustrate how the destinies of women are shaped by gender:⁶

- *The average age of widowhood in the U.S. is 56.
- *85 percent of surviving spouses are female.
- *Chances of remarriage for an older woman are slim: nine men over 65 remarry for every woman who does.
- *While three-fourths of men in this age group are married, three-fifths of all women 65 and over are unmarried.
- *Two-thirds of all widows live alone.
- *More than one out of every three women 65 and older lives alone, a figure that has doubled in the last 15 years.

Women predominate in the grim statistics of one-person households, reduced income, increased poverty, and greater risk of ill-health, death, and institutionalization as the following findings indicate:

⁴“America in Transition,” 1. Many demographers, however, have divided those over 55 into four age groups: “older” (55 and over), “elderly” (65 and over), “aged” (75 and over), and “very old” (85 and over).

⁵“American in Transition,” 4-5.

⁶Statistics presented are from “Facts on Older Women,” prepared from the findings of the White House Mini-Conference on Older Women, Des Moines, Iowa, 1980, and from U.S. Bureau of Census, 1983.

- *Elderly women are twice as likely to be poor as compared to elderly men.
- *Private pensions are not available to over 80 percent of retirement age women.
- *One-third of all widows live below the official poverty level.
- *One out of every four women working today can expect to be poor in their old age.

- *Only two percent of widows receive their husband's pension benefits.
- *In 1977 the median income for all older females was \$3,087 (\$59 per week) compared to a median income of \$5,526 (\$106 per week) for older males.
- *Three-fourths of all nursing home residents are women.

From the preceding demographic portrait, it is distressingly evident that women are familiar, often painfully so, with the terrain of aging and growing old. For many women widowhood and poverty are always on the horizon. Joseph Sittler's observation that "aging is not for sissies" is experientially confirmed in the lives of the surviving majority.⁷

II. GERONTOLOGICAL GENDER ISSUES

Aging is not a disease. It is a natural and inevitable growth process that begins with conception. Although there is no one pattern of aging, life-span developmentalists have documented how gender influences and shapes the nature and quality of the aging experience.⁸ The trajectory of aging for women involves a unique and complex interaction of many factors. Biological as well as social conditions, education, socioeconomic status, degree of social integration, motivation, and ecology act upon each other in the shaping of individual patterns of aging.

The Trajectory of Aging. Studies suggest that a biological clock and a social clock interact in such a manner as to exercise predictive and descriptive power over the behavioral responses of women to the aging process during the middle and late life stages. This timetable prepares women not only for role changes, but also for major physiological changes during the last half of life. Menopause, for example, is both a biological and sociocultural event that is overlaid with fears and fallacies. Aging is at best an ambivalent experience in a culture where there seems to be a conspiracy as well as an obsession to maintain an illusion of youthful sexual attractiveness. If a woman's identity and worth are tied to her youthfulness and fertility, the loss of these then threaten her self-esteem and

⁷Joseph Sittler, "A Theologian's Perspective on Aging," a lecture delivered at Luther Northwestern Theological Seminary, St. Paul, Minnesota, May 4, 1984.

⁸Cf. Robert C. Atchley, *The Social Forces in Later Life*, 3rd ed. (Belmont, CA: Wadsworth, 1980); Jon Hendriks and C. Davis Hendricks, *Dimensions of Aging* (Cambridge: Winthrop, 1979); Bernice Neugarten, ed., *Middle Age and Aging* (Chicago: University of Chicago, 1968); Diana S. Woodruff and James E. Birren, eds., *Aging: Scientific Perspectives and Social Issues*, 2nd ed. (Monterey, CA: Brooks/Cole, 1983); Tamara K. Hareven and Kathleen J. Adama, eds., *Aging and Life Course Transitions: An Interdisciplinary Perspective* (New York: Guilford, 1982).

aging is viewed as a curse. Describing the double standard of aging in our male-dominated culture, Susan Sontag contends that "for most women, aging means a humiliating process of gradual sexual disqualification."⁹ In her phenomenological analysis of growing old, Simone de Beauvoir similarly viewed aging in the third quarter of life as "eventual mutilation."¹⁰ As the result of such diminishing images, many women feel compelled to make major adjustments in their self-concept during the last half of life.

In spite of the fact that aging is more socially traumatic for women in our youth-obsessed

culture, studies reveal that women show better adaptation to the middle age crisis than men. For many women this is reflected in the creation of a new self-identity and the discovery of latent talents and capacities. This redefinition of the self is reflected in the statistical fact that older women comprise the fastest growing segment of the post-secondary student population.¹¹

Sexuality. It is a myth that older persons are asexual. Sexual needs and capacities continue throughout the life span. Although human sexual response may be slowed by the aging process, it is not terminated. The Duke Longitudinal Study, for example, revealed that there is little evidence of any change in sexual capacity of women until very late in life, and that any gradual decline in frequency of sexual intercourse was due primarily to the aging process of men.¹² For many older women the problem is not lack of sexual feeling, but rather the scarcity of available partners with whom they can engage in sexual interaction. Sexual and touch deprivation seems to be the fate of many older women in our society, compounding the feelings of loneliness and isolation.

Health Issues. Although the four leading causes of death are the same for women as for men (i.e. diseases of the heart, cancer, cardiovascular disease, and accident), there are also general and age-related health issues that are inherently gender-specific and of special concern to women.¹³ Excluding pregnancy and childbirth, women still report more severe health problems than men. Conditions more common to older women than older men include stroke, visual impairment, hypertension, arthritis, diabetes, hearing impairments, asthma, and mental nervous conditions. Osteoporosis, for example, is a condition that affects women three to five times more often than men and afflicts 26 percent of all women over age 60. Drug-related problems are often associated with medications that are prescribed as part of medical treatment. It is estimated that depression among women occurs twice as often as among men.

⁹Susan Sontag, "The Double Standard of Aging," *Saturday Review*, 23 September 1972, p. 32.

¹⁰Simone de Beauvoir, *The Second Sex* (New York: Bantam Books, 1949) 640.

¹¹Roberta M. Hall, "The Classroom Climate: A Chilly One for Women?" *Project on the Status and Education of Women* (Washington D.C.: Association of American Colleges, February, 1982).

¹²Erdman Palmore, ed., *Normal Aging: Report from the Duke Longitudinal Study, 1955-69* (Durham, NC: Duke University, 1970); Erdman Palmore and F. C. Jeffers, *Predictions of Life Span* (Lexington, MA: D. C. Heath, 1971).

¹³Jane Porcino, *Growing Older, Getting Better: A Handbook for Women in the Second Half of Life* (Reading, MA: Addison-Wesley, 1983); Elizabeth Fee, ed., *Women and Health: The Politics of Sex in Medicine* (Farmingdale, NY: Baywood, 1983).

Aging is not treatable, but illness is. By age 65 there is an 80 percent chance of having chronic illnesses that require medical health care. In view of this statistic the current disposition to reduce Medicare and Medicaid benefits threatens and targets older women, the surviving majority.

Widowhood. As noted earlier, the predominance of widowhood in our society is a fact of life. Marriages that have managed to survive the stresses and strains of social and personal change and the rigors of parenting face eventual dissolution through the death of one of the

partners, more often the husband. Widowhood is not a singular problem but impacts on many facets of a woman's life. Once again the issue of redefinition of self surfaces and is often compounded by an assortment of other losses that produce a cascade of crises and challenges.

The Gender Economics of Aging. Older women represent many of the voices behind the feminization of poverty. With age the gap between the income of men and women increases. This life-long trend is the inevitable result of women's economically disadvantaged position in our society. Among those 65 and older, the chances of living below the poverty level is about three times greater if a family is headed by a woman. Older women who live alone are among the poorest of the poor, and older black women are three times as likely to be poor as older white women. Many minority group elderly women are not even eligible for social security or receive very little. This incidence of poverty among women is a life-long trend that is an extension of a pattern of a lack of power and control over their own economic destinies.¹⁴

Age and sex are double disqualifiers in the labor market in spite of legislation to assure changes in hiring practices, wages, and retirement benefits. Nearly 80 percent of all employed women are working in low-pay, low-status, and low-benefit jobs. Elizabeth Markson states: "Women who rely primarily upon their own resources are likely to have fewer assets such as savings, to have had lower lifetime earnings, to rely on social security for their sole income, and to receive low benefits as retirees or disabled workers."¹⁵ Investigators and reformers dealing with occupational involvement of Americans have been inattentive to gender and health issues and to female retirement.

The gross inequities of employment opportunities, earning power, and forced dependency are too lengthy and complex to be outlined in this essay, but suffice to say they represent a sad commentary on the treatment of women who represent 43 percent of our labor force.

Caregivers. Women are the caregivers in our society. They often spend their adult years caring for a succession of children, parents, parents-in-law, spouse, siblings, and grandchildren within an extended family. Furthermore,

¹⁴Cf. Donald E. Gelfund and Alfred J. Kutzik, eds., *Ethnicity and Aging* (New York: Springer, 1979); R. L. McNeely and John L. Cohen, *Aging in Minority Groups* (Beverly Hills, CA: Sage, 1983); James H. Schulz, *The Economics of Aging*, 3rd ed. (Belmont, CA: Wadsworth, 1985).

¹⁵Elizabeth W. Markson, "Introduction," in *Older Women*, Elizabeth W. Markson, ed. (Lexington, MA: Lexington Books, 1983) 3.

one out of three women work in a human service occupation, compared to one out of ten men. This "caregiving gap," as Ellen Goodman describes it, translates into services and roles at both a family and occupational level that are generally undervalued, unrecognized, and unpaid or underpaid.¹⁶ The role of caregiver often involves full-time, unpaid work, socioeconomic dependency, social isolation, and the absence of adequate supportive services. In the present cohorts of the aged, women have been socialized to family system dependency within and across the generation of family members. Ironically, when an older woman succumbs to a debilitating illness, she is often viewed as a burden by society and, tragically, even by her family. In view of the fact that women frequently outlive spouses, brothers, and even their children, their own

adequate care at the end-stage of life becomes all the more distressingly uncertain.

Androgynous Changes in Personality. Carl Jung's observation that during the last half of life men demonstrate more feminine traits and women more masculine traits in their personality seems to find support in current data involving cohorts of older adults. As early as 1958, this reverse behavioral and personality shift was studied by Neugarten and Gutman.¹⁷ Increased freedom and decreased need for traditional sex roles in the post-parental years may account for movement toward androgyny. In other words, increased individualization in one's personhood, combined with greater integration of divergent elements in personality and behavior, seem to characterize this developmental stage of growth within the aging process.

This blending of masculine and feminine elements in later life stages of the present cohorts of elderly suggests that one task of older adulthood is to become more androgynous.¹⁸ Since women are the surviving majority, such melding would serve them well in the final decades of their lives. This has been suggested by June Singer, who insightfully observes how "an older woman, living alone, has a special potentiality to live out her true androgynous nature."¹⁹

Current research with well-educated younger adults has begun to reveal that the emphasis on androgynous roles by the women's movement is already beginning to have an impact on personality structures.²⁰ This holds the promise that future cohorts of older women will develop more integrated and balanced strengths at earlier life stages for coping with their expected extended longevity.

Summary. Older women are not a homogenous population. Although there is a danger of generalizing from the demographic data set forth in the preceding section and viewing all older women as disadvantaged and even vic-

¹⁶Ellen Goodman, "Emerging: 'The Caregiving Gap'" *Minneapolis Star and Tribune*, 16 December 1983.

¹⁷Bernice L. Neugarten and David L. Gutmann, "Age-Sex Roles and Personality in Middle Age," *Middle Age and Aging*, ed. Neugarten, 58-71.

¹⁸"Psychological Androgyny: Further Considerations," *Psychology of Women Quarterly*, ed. Alexandra Kaplan, 3:3 (Spring, 1979).

¹⁹June Singer, *Androgyny* (Garden City, NY: Anchor, 1976) 321.

²⁰Margaret N. Reedy, "Personality and Aging," *Aging: Scientific Perspectives and Social Issues*, eds. Woodruff and Birren, 124.

timized, there is no one pattern or experience of aging for either men or women. If there is anyone thing characteristic of this population it is heterogeneity. But there remains an undeniably obvious higher degree of vulnerability for older women in our society that tragically is deeply ingrained in our social-cultural-economic system. Questions concerning the meaning of life and suffering, self definition and worth, sexual and family roles, and attitudes toward care-giving and care-receiving are among the challenging questions that confront older women. The impact of these questions climaxes in the stark ultimate question: Is growing old as a woman in our society worth one's whole life to attain?

III. ROLE OF RELIGION

The role of a religious belief system is a richly complex but largely uncharted territory in the literature of gerontological research. Some studies have argued that people become more religious as they grow older, while others cite the cohort and historical factors that account for active participation in religious rituals and activities. Although it is generally conceded that church attendance is not necessarily an accurate measurement of the interior spiritual dynamics of an older adult, it is still worth noting that women, throughout their life span, maintain a higher church attendance than men. Barbara Payne, who has researched a number of studies of religious participation of the elderly, points out that “even when regular church attendance declines for those over 75, the decline is less for females than for males.”²¹ The experience of widowhood does not deter women from continuing to remain actively involved in congregational life, in spite of the “Noah’s Ark” pattern and nuclear family orientation that characterize most churches. Stark’s study of American piety suggests that the increase of devotional practices provide the primary outlet for the deprivations of old age and that this increased piety of the elderly is manifested through prayer and meditation.²²

The Duke Longitudinal Study of Aging revealed that religious activities and attitudes have strong relationships to contentment, feelings of usefulness, and personal adjustment for both men and women.²³ Religious institutions were identified as helping the elderly in their adjustment to uncertainty, powerlessness, loneliness and the lack of meaning in their lives. Religion provided them with both personal and group identity, while supporting their insecurity and consoling them in their disappointments and grief in response to major losses and changes in their lives.

IV. IMPLICATIONS FOR MINISTRY

The implications for the church’s ministry with older women are unavoidably

²¹Barbara Payne, “Religion and the Elderly in Today’s World,” *Ministry with the Aging*, ed Clements, 159.

²²R. Stark, “Age and Faith: A Changing Outlook as an Old Process,” *Sociological Analysis* 29 (1968) 1-10.

²³Dan Blazer and Erdman Palmore, “Religion and Aging in a Longitudinal Panel,” *The Gerontologist* 16 (1976) 34-35.

obvious from the descriptive overview set forth in the preceding sections. Several foci of a creative and responsible parish ministry are deserving of being highlighted.

The Church as a Generator of Personal and Social Meaning. The challenge of older adulthood is to make sense of life at a stage where losses and changes occur with bewildering and sometimes overwhelming frequency and intensity. James Birren of the Andrus Gerontology Center has reminded the religious sector that its primary purpose is to generate meaning in life.²⁴ The church has an extraordinary and unrivaled role for communicating that life at all of its stages has meaning and worth. The vitality of a person’s life depends upon their supply of meanings. As a covenant community of believers, the church has the source and center of the ultimate meaning of life in the proclamation of the gospel. Older women need purpose in order to continue to struggle with the eroding and debilitating diminishments that aging and growing old introduce. In a society that measures life in ways which often devalue and dehumanize, the gospel with its re-

creative power confronts Christians at whatever stage of life with a destiny and a purpose.

Death: The Ultimate Challenge. Facing one's personal death is another of the developmental tasks of old age. With women, chronologically speaking, death is often postponed, but it ultimately comes. Aging with its narrowing boundaries reminds us that we are death-bound creatures. Indeed, to live in time is to live toward death. Dying and death, although not exclusively, are largely thought of as being the business of the elderly. The longer an older woman lives, the more members of her family and friends she loses in death. As the final challenge, she faces her own dying and death.

Learning how to grieve creatively is essential to learning how to live as well as how to die. Older women need supportive settings and relationships for dealing with the many grief issues that make up their lives. In addition, in a Christian community, an older woman should never have to fear dying isolated and alone. Yet that often remains the paramount fear of many an older woman who has survived her spouse, her close friends, and sometimes even her children. While it celebrates a faith that overcomes the grave, the church must strive to be a caring community that comforts those who mourn and attends those who are dying.

The Church as Advocate. The church is called to speak the Word of God and to provide a vision of society in which there is justice for the aged. A prophetic perspective that introduces a Christian understanding of justice and human rights and that insightfully and responsibly focuses on issues of equity, power, autonomy, and dignity is required if the unique issues and needs of older women are to be addressed.

Older women need people willing to stand up for them and with them to seek the necessary changes which will assure them adequate income, housing, food,

²⁴James E. Birren, "Gerontology: A Scientific and Value-laden Field of Inquiry," a lecture delivered at Luther Northwestern Theological Seminary, May 4, 1984.

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and health care. In an age-segregated society, the church must be an advocate for the maintenance of programs and policies that will secure benefits to older adults, especially to the elderly poor, the elderly minorities, the homebound, and the isolated. Legal assistance, law enforcement which protects rights and guards safety, supportive services that assist in maintaining independent living, laws that eliminate age discriminatory employment and retirement practices, and nursing home regulations that assure quality care at the end stage of life are but a few of the areas that need to be addressed.²⁵ If the church intends to be an advocate for older women, it must work both locally and nationally for appropriate legislative action and act as a sentinel in fighting cuts in those programs which are beneficial and essential to an older woman's well-being. The church must avoid modeling passivity, indifference, and hopelessness if it is to affirm the contribution of older women to our society and to secure for them more equal access to its goods and services.

Church as Family Surrogate Model. A recent report to the United States House of Representatives Select Committee on Aging (1980) identified the church as a preeminent representative of the voluntary sector that should be encouraged and enabled by the federal government and other concerned groups in our society to assume a more primary role with

respect to the elderly. The fact that the church uses a formal/informal family surrogate organizational model, offers multiple educational, counseling, and social support programs, and utilizes a mixture of volunteers of all ages, including the current elderly, as well as professional staff, were cited as organizational advantages which are distinct and essential to meeting the needs of an increasing aging population.

The theological and biblical resources for ministry and for the expression of the caring community are made visible in the local congregation where the whole family of God is gathered. Here the intrinsic dignity and value of each person regardless of age is affirmed and honored.²⁶ In such a supportive atmosphere strengths and weaknesses, joys and sorrows, and talents and limitations are shared.

In such a ministry the church follows an historically rich tradition in which the congregation as the household of God becomes the context for loving service to one's neighbor. During the first through the fifth centuries, for example, the church not only provided older women who were widowed with material assistance, but also validated them by conferring upon them important functions in the community. Their roles included that of social workers and nurses, comforters and companions to the sick and dying, spiritual guides and intercessors, and teachers and nurses. Some who became deaconesses were given special rank and authority as their maturity in the faith was publicly acknowl-

²⁵Cf., for example, Lutheran Church in America, "Aging and the Older Adult," *Social Statements* (New York: Lutheran Church in America, 1978); Cedric W. Tilberg, *Revolution Underway: An Aging Church in an Aging Society* (Philadelphia: Fortress, 1984).

²⁶See my chapter, "Education for Ministry with the Aging," in *Ministry with the Aging*, ed. William Clements (San Francisco: Harper and Row, 1981) 209-219.

edged. The varieties of these ministries provide innovative models for older women today in the life of the church and society.²⁷

Congregations have been slow to design and implement programs based on a needs assessment of older adults. Because 95 percent of those over 65 are not institutionalized but instead are residing in parish neighborhoods, and because women are represented in disproportionately larger numbers in congregations, informed and responsible planning is required for designing and implementing programs. There is little possibility of this happening unless older women themselves are enlisted and encouraged to accept responsibility for the planning and administering of innovative programs and services that more relevantly address their unique needs.²⁸

V. CONCLUSION

Few roadmaps exist that chart the new territories introduced by the increased life expectancy of older women who for the foreseeable future will continue to outnumber older men. On the whole, however, future cohorts of older women will be healthier, better educated, more politically involved, increasingly active in the work force and in volunteer activities, and generally more assertive and pro-active. Because of the large percentage of older women who are members of the church and participate in congregational life, the church has a unique opportunity to share with them in the role of map-maker in the exploration of their new world of longer life

expectancy. The church can do this by supporting the surviving majority in their quest for wholeness and a human social system that enlarges and enriches the experience of grace and meaning in all stages of life, including old age.

²⁷Jean B. Laporte, "The Elderly in the Life and Thought of the Early Church," *Ministry with the Aging*, ed. Clements, 37-55.

²⁸An example of a person-centered parish-based model is that of the Shepherd's Center in Kansas City, Missouri. In this model established in 1972, older adults themselves, especially women, provide the program leadership and the supportive network for a vital caring ministry which enhances and enriches life. See Elbert C. Cole, "Lay Ministry with Older Adults," in *Ministry with the Aging*, ed. Clements, 250-265.