

Women and Aging

Karen Fredriksen*

As a natural, personal process, aging begins at the time of birth, each of us aging each moment we live. Ageism, the social and cultural construct of aging, creates prejudice and misunderstanding toward elders in our society. Aging and ageism are issues central to the lives of women. Many of the social factors affecting women in general are intensified for elder women. Ageism, combined with sexism, racism, issues of power and control over one's life, clearly impact the lives and status of older women.

What visions are created when you imagine an old woman? Do you envision a destitute or malicious woman? Does a grandmother come to mind? As a grandmother, is she viewed as a person in her own right? Or is your image of the older but "younger" woman, who by physique betrays her age, and is somehow differentiated from old women? These vivid, powerful stereotypes influence attitudes and reinforce myths. In our culture, ageism is pervasive. Elder women are constantly projected as powerless and are mystified, feared, patronized and pitied. The euphemistic "older but younger" woman is culturally congratulated for passing as someone younger than herself, creating for women a separation from oneself as well as from other women.

There is power in reclaiming the experience of aging, and moving beyond the existing stereotypes. Elder women are survivors and they are diverse. They are many ages ranging from 65 to 100-plus, a span of over 35 years. They are Black, White, Native-American, Asian, poor, affluent, middle class, physically agile, physically challenged, sexual, celibate, bisexual, heterosexual, lesbian, Jewish, Buddhist, Christian and Atheist, to name a few. Aging is a process that requires change and growth. There are physical, social and cultural changes associated with aging. Considering that each woman has had a differing set of life experiences and various cultural and personal histories, each woman's experience of aging is unique with individual challenges, joys, changes, risks and struggles. The image of the sick, lonely and destitute senior is simply not typical of most elder women. The majority of elder women are independent, relatively healthy, vital, mentally alert and physically active.

World-wide, the number of elders is increasing dramatically, creating a significant shift in demographics. In this country, there is rapid growth in the number and proportion of the population 65 and older. In 1900, only four percent of the population fell into this age group. Currently, according to census data, approximately 12 percent, 1 in 9 Americans, is now 65 or older. By the year 2030, this group is expected to climb above 21 percent of the total population. Of the older population, the most rapidly growing segment is 85 and older. Between 1960 and 1982 this age group increased by 165 percent. It is women who comprise the vast majority of elder adults. In 1984, there were approximately 17 million women as compared to 11 million men, 65 years of age and older. This ratio even becomes more dramatic with increased age. For

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example, between the ages of 75 to 84, there were 50 men to each 100 women and from the ages 85 and older, there were 40 men to each 100 women. There is also a higher rate of poverty among elder women. In 1984, approximately one-fifth (21%) of the older population (65 and older) was poor or near poor. More than 70 percent of the elder poor are women. Within poverty rates, the impact of race also becomes evident. One of every nine (11%) elder Whites was poor in 1984, compared to about one-third (32%) of elder Blacks and about one-fifth (21%) of elder Hispanics.

The socioeconomic factors of aging are further compounded by loss of jobs. Currently, only eight percent of the women and 19 percent of the men over the age of 65 are in the labor force. Women, employed outside the home, generally leave the work force between ages 62 and 64. Often, women who have traditionally worked within the home also experience significant role changes due to such factors as retirement or death of a partner. Most elder women live much of their lives as widows; they are five times more likely to be widowed than men.

As women age, their roles generally change, and in our culture (with the exception of the role of grandmother), older women have few roles that are viewed as useful or productive. The lack of additional, meaningful roles supports the invisibility and lack of power of elder women. This problem is not only prevalent in the society at large, but is also an issue generally unchallenged in the current women's movement. Only recently are old women being recognized by the women's movement and beginning to participate in visible roles.

In our society, people misunderstand and fear illness and disability. Significantly elder women, particularly over the age of 85, are likely to have one or more chronic health problems. People also have an intense fear and denial of death. Thus, there is generally limited support for older women experiencing serious illness, bereavement or loss. On the other hand, many simply associate age with illness or loss. Although propensity to illness and loss increases with age, they are not inextricably intertwined. But when an older person is ill and requires care, most often a female family member provides it. Contrary to popular myth, only four percent of all elders reside in nursing homes. Families provide 80 percent of the in-home care of older people with chronic disabilities. Eighty percent (80%) of these caregivers are women (wives, daughters and daughter-in-laws) most having multiple responsibilities. For example, traditional family caregivers are most often middle-aged women, many of whom are in the workforce and have at least one dependent child. Caregiving responsibilities are extensive, yet the majority of women providing care receive no financial compensation. In these cases, are the needs of women providing care as well as the needs of women receiving care being met?

Another serious issue facing elder women is the development and utilization of aging-related services. Currently, as the aging network expands, a number of services have been or are being developed specifically for elders. Most have been developed with limited input, if any, from older women. The question remains: Are these services meeting the needs of older women, or are they inadvertently perpetuating stereotypes? For example, should services be age-segregated or multi-generational? These issues need to be addressed, with the participation of elder women. Also, while many services have been developed specifically to meet the needs of women in general, seldom has input from older women been sought or their needs addressed. For example, epidemics of violence form an important issue facing old women. The threat of violence often increases the isolation and fear felt by old women, particularly by those with physical disabilities. Yet, shelters as well as defense classes have been primarily designed for younger women, not elder women. While the majority of feminist services, such as health care clinics, chemical dependency programs, support groups, and political groups, address general is-

sues faced by women of all ages, they have not been designed to incorporate the specific needs of old women.

As demographics shift and the population of elders increases, there occurs increased opportunities to transform our culture and enhance the experience of aging. In order to build a future that recognizes and meets the needs of women, we as women of all ages must begin examining our attitudes, values and behaviors as they relate to aging. As we confront ageism, we must continue addressing several issues:

1. What are effective ways to strengthen the self-empowerment and visibility of elder women?
2. What practical tools and skills do we need in order to recognize and reduce ageism?
3. What experiences and needs do elder women have and how do these differ among various groups of older women?
4. What types of services meet, or do not meet, the needs of elder women?

As caregiving is needed, how will the needs of women receiving care, as well as the needs of women providing care, be met? In order to create a non-ageist society, a cultural shift is essential. Awareness of a balanced, integrated process of living is needed, one that, with compassion and respect, unites birth as well as death, self as well as community, empowerment as well as struggle, and young as well as old. Aging and ageism are women's issues: by establishing our right to age, we are reclaiming our right to survive.

The Women

Cynthia Rich

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