



Special Report

Placing social science research at the service of the Church in the United States since 1964

Fall 2022

Care of Elderly and Infirm Sisters among Catholic Sisters

September 2022

Thu T. Do, LHC, Ph.D. | Thomas P. Gaunt, S.J., Ph.D. | Benedict Reilly

■ Introduction

Most research on Catholic sisters has focused on the role of lifestyle factors that support adults to age in a healthy way. There are a number of straightforward factors that contribute to Catholic sisters' health, such as consistent nutrition and higher education. Catholic sisters' positive health outcomes are also shaped by their cultural practices: how they pray, how they speak to each other, how they offer and receive social support, and how they understand what it means to be older in years. All of these cultural practices profoundly shape the sisters' experiences of aging, pain, and the end of life.

An initiating point was the work of Alzheimer's disease specialist David Snowdon, who documented that Catholic sisters experience happier and healthier lives than do their lay counterparts (Snowdon, 2001). Conducting a longitudinal study of 678 Catholic nuns from the School Sisters of Notre Dame, Snowdon and his team found that Catholic sisters lived longer than their lay peers. The sisters who participated in Snowdon's study were found to have "lower all-cause mortality rates than did the general population, and this mortality advantage increased over time" (Butler & Snowdon, 1996, 207). These sisters were 27 percent more likely to live into their seventies than were their lay peers, and their likelihood of living longer increased with time.

The lifestyle practices of the Catholic sisters also differed by location according to factors like local customs and understandings of aging, the financial security and size of the religious institute, and the health needs and resources of the area. For example, a study in Ireland found religious women from various religious institutes and diocesan ministries living in an elderly community together, while a study in the Philippines



found elderly religious sisters being cared for in their own religious institutes (Cahill, 2017; Agbing, 2012). Some communities in localities where religious life is more robust want a separation from laypeople, while in other cases sisters live in elderly care communities consisting of mostly laypeople. Style and quality of elderly

care for sisters can vary greatly, even within a geographic region (Agbing, 2012).

Continuity in terms of a sense of ministry and vocation is very important to the quality of life of elderly religious sisters, especially as they begin to lose autonomy or to enter group care (Cahill & Diaz-Ponce, 2017). Elderly religious tend to rate their quality of life based more on the continuity of measures of religion, belonging, autonomy, and altruism than on physical health factors (Cahill & Diaz-Ponce, 2017). This leads to a strong difference between how caregivers rate the quality of life of elderly religious and how elderly religious rate their own quality of life, with elderly religious often rating their quality of life higher than the ratings given by their caregivers (Cahill & Diaz-Ponce, 2017).

As the sense of ministry and vocation is particularly strong among religious sisters, the loss of ability to participate in their ministry or vocation can have strong negative effects on their quality of life. After a lifetime of meaningful work and community living, there is a need for continued meaningful use of time (Cahill & Diaz-Ponce, 2017). Patients consistently said that access to the sacraments and Mass, a feeling of vocation, and the omnipresence of God were positive factors in their quality of life (Cahill & Diaz-Ponce, 2017). Prayer is important for the sisters as it allows them to do their part in assisting their community members when they are unable to do so in other ways

(Corwin, 2014). Similarly, a sense of belonging, including knowing others in the community, feeling at home, and other relationships outside of the community, is important (Corwin, 2014). Including elderly care communities in larger complexes such as within the religious institute's mother house or school can be helpful to sisters' sense of belonging, as is putting on regular community programming (Agbing, 2012).



A sense of autonomy, privacy, and choice are also very significant factors, and some patients mentioned that their quality of life was impacted negatively by a lack of ability to do things independently or to have control over their own lives due to age, medical condition, etc. (Cahill & Diaz-Ponce, 2017). One way to improve sisters' sense of autonomy and choice is increasing involvement and decision making in their own care and in their community programming (Agbing, 2012). As sisters lose their memory and autonomy due to aging and dementia, it is important to take proactive measures in ensuring that sisters' wishes about their own care are honored. During mild-stage dementia sisters should be able to give advanced directives about their care and designate a proxy who knows the sister well and is able to abide by the wishes and values of the patient (Burla & Nunes, 2014). Altruism in the community, seen as a continuous factor from the patients' previous work, also contributed to patients' quality of life (Cahill & Diaz-Ponce, 2017). Prayer, participation in community living, and continued engagement with those they served helps the sisters continue the altruistic elements of their vocation.

■ How Spiritual Life Impacts Aging

The changing prayer practices of Catholic sisters' following Vatican II, particularly towards a more communicative and embodied practice, has significant impacts on the sisters' understanding of the divine, relationship with the divine, embodied experience of the divine, and understanding of how these changes have impacted their experiences of and interpretation of physical states including illness and pain (Corwin, 2012). Whereas prior to Vatican II there was an understanding that "God 'needed' human suffering to 'be God'" (Corwin, 2012), there is a new understanding that, while present amidst the suffering, God is not causing the suffering (Corwin, 2012). This has significant implications for how aging sisters interpret and respond to the complications of their aging.

Spiritual practice is important to the aging of elderly sisters because it allows them to feel a sense of belonging, purpose, and continuity, which is important to their quality of life. It also prevents feelings of loneliness or hopelessness and serves as cognitive exercise (Corwin, 2014). Spiritual practices and blessings are an important way to practice

lexically and grammatically complex thoughts (Corwin, 2018). Blessings "offer the possibility for caretakers to provide rich linguistic interaction that allows their interlocutors to participate without resorting to elderspeak and without raising the possibility of communicative failure" (Corwin, 2018, 726).

It has been found that prayer and other spiritual practices have significant preventative effects on the health decline that comes with aging (Schott & Krull, 2019). These practices "reduce stress, depression, pain and anxiety, improve attention and memory, and promote self-regulation as well as empathy" (Schott & Skull, 2019). A lifetime of consistent meditation, prayer, and other forms of spiritual behavior can improve cognitive performance in the elderly and prevent or reduce normal cortical thinning, which is associated with later cognitive impairment (Schott & Skull, 2019; Pacheco, Goh, Kraut, Ferrucci, & Resnick, 2015).

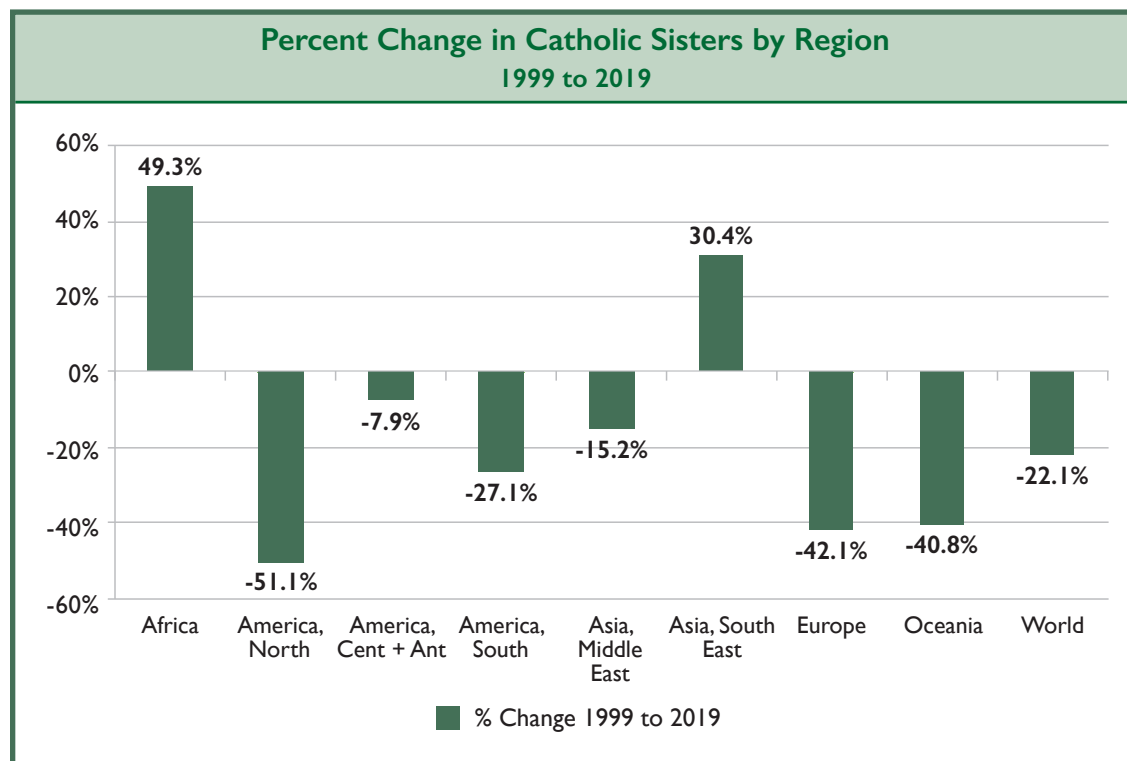
How Catholic sisters age successfully has been documented, but there is scant documented literature on care for elderly Catholic sisters, making it difficult to evaluate existing practices. Such data would be helpful for informing policy and intervention strategies. This special report provides a brief sketch of the elderly care practices of several institutes of women religious worldwide, based on observations and surveys conducted during three webinars "Our Sisters, Our Future: Health and Spiritual Care for Aging" organized by the International Union of Superiors General in March, April, and May, 2022, data from the National Religious Retirement Office (National Religious Retirement Office, 2022), a survey completed by 161 major superiors of religious institutes of women in Mexico entitled "The Needs of Elder Sisters in Mexico's Women Religious Congregations" (Falcó and Valdéz, 2022), a survey completed by 57 major superiors of religious institutes of women in Kenya entitled "Hospitality and Care for Elderly Sisters in Kenya" (Centre for Research in Religious Life and Apostolate, 2022a), and a survey completed by 23 major superiors of religious institutes of women in Zambia entitled "Hospitality and Care for Elderly Sisters in Zambia" (Centre for Research in Religious Life and Apostolate, 2022b).

Catholic Sisters in Institutes of Women Religious



Over the centuries of religious life in the Catholic Church there has always been an ebb and flow in the number of Catholic sisters. As of 2019 there were 630,099 Catholic sisters worldwide, according to the *Statistical Yearbook of the Church*. A third of these sisters are in Europe, followed by Southeast Asia with 27% of the worldwide population of sisters. Another 12% are in Africa, 10% are in South America, 8% are in North America, and just over 8% combined are in Central America, Oceania, and Middle East Asia.

The number of sisters in religious life may increase or decline as a result of various factors, such as the economic situation in a country, its political environment, population changes, and changing opportunities and needs. In recent decades, institutes of women religious in both North America and Europe have experienced sharp declines in their membership, which had large increases in the early years of the 20th century. In contrast, these early decades of the 21st century have registered substantial growth in the numbers of Catholic sisters in Africa and South East Asia, which are developing countries. Overall, the number of sisters worldwide is declining, mainly because of the declines in Europe and North America.



■ Members Over 70 Years of Age

Catholic sisters dedicate their whole lives in service to the Church and the society. However, little is known about how to prepare for retirement because they do not “retire” from religious life. They might be retired from active ministry, but they are actively engaged in various activities within their religious institutes. They keep active, and that impacts their aging process positively (Snowdon, 2001). However, the majority of Catholic sisters consider themselves to be elderly when they are retired from active ministry and are over the age of 70. For example, in a survey nearly 90% of major superiors in Kenya agree that an elderly sister is one who is retired, no longer in active ministry, ailing, and is over the age of 70.

The number of sisters over the age of 70 worldwide is likely to increase in the next decade. Even in countries where most Catholic sisters are young, like Kenya and Zambia, studies show that in most religious institutes, more members are advancing in age than there are younger sisters entering. In both Kenya and Zambia, most sisters are between the ages of 31 and 60 years. In these countries, they are likely to have more perpetually professed sisters than they have younger ones. Thus, in a few years these religious institutes may find themselves with a majority of sisters in their 50s and 60s. Likewise, in Mexico, the entering vocations are fewer than in years past, insufficient for reversing this decreasing trend. While the population projection for sisters the next 10 years does not show a great numeric decrease but stays relatively stable, the projection for the next 20 years indicates that this decreasing trend will accelerate.



While this is a challenge for the future sustainability of religious institutes in these countries, it signals the need for more planning for the elderly care of members in the coming decades among these institutes.

One of the most important tasks that religious institutes face today is to prepare for the challenges in caring for their elderly sisters sooner rather than later. Almost all religious institutes in Zambia (96%) and eight in ten in Kenya reported

that a focus on elderly members is an important aspect of their life. Seventy-five percent of religious institutes in Kenya also indicate that working with elderly sisters is an important aspect of their lives.

The religious institutes will need to plan proactively to prepare for these changes, and to protect the rights and wellbeing of their elderly members. Planning for an aging population is also an investment in the wellbeing of all community members, as it benefits sisters of all ages and abilities, creating healthy, sustainable places ideal for both growing up and growing old.

Age Range of Women Religious in Selected Countries, 2022

Age Range	USA %	Mexico %	Kenya %	Zambia %
<30	1	7	16	15
31-40	2	11	18	19
41-50	2	11	20	14
51-60	4	19	17	16
61-70	9	13	15	13
Over 70	80	39	14	23

How important to you are these aspects of life?

Percentage responding

	Kenya %	Zambia %
Focus on elderly members of the institute	80	96
Working with elderly sisters	75	82

Elderly Care Planning among Religious Institutes Worldwide

Across the globe, providing care for senior members is becoming more challenging for the leadership teams of religious institutes. No matter how many resources become available, religious institutes encounter challenges in caring for their senior members. These challenges often include locating the financial resources, facilities, and personnel to accompany their aging members.

At a webinar hosted by the International Union of Superiors General, “Our Sisters, Our Future: Health and Spiritual Care for Aging,” held in March 2022 and attended by about 500 major superiors and representatives of religious institutes, participants were asked to identify the most critical issue or urgent need in relation to the health and spiritual care of aging sisters in their religious institutes. Nearly 300 participants shared at least one need that focused on the following major issues/needs:

- *Providing on-going formation on aging*
- *Training younger members to accompany elder sisters spiritually, psychologically, and emotionally*
- *Appropriate facilities for elderly care*
- *Sufficient financial resources*
- *The increase in elderly members, decrease in younger members*
- *Long-term planning for elderly care*

At the second webinar “Our Sisters, Our Future: Health and Spiritual Care for Aging,” in April 2022, participants were asked to rate the greatest needs at this time for elderly care in their institute. The participants rated the priority of each need as shown in the table.

To help the Conrad N. Hilton Foundation to determine the best use of financial resources and having listened to the two webinars, what do you perceive are the greatest needs at this time?								
Percentage responding								
Greatest Needs	1-No priority %	2 %	3 %	4 %	5 %	6 %	7-High priority %	5+6+7 %
Provision of spiritual/pastoral support	4	7	5	7	15	33	29	77
Providing professional training	4	15	6	9	10	21	37	68
Formation for leaders/sisters/care-givers	9	11	6	7	14	21	33	68
Providing for general health care of the elderly	7	8	13	6	18	21	28	67
Adapting housing for elderly care	5	13	10	17	14	23	19	56
Providing for medical interventions	11	8	10	17	17	21	17	55
Construction of inter-congregational housing projects for elderly sisters	9	12	16	13	17	24	10	51

Nearly eight in ten participants indicated that the provision of spiritual/pastoral support is a high priority for their institute in caring for elderly sisters. Nearly seven in ten participants acknowledged that providing professional training, formation for leaders/sisters/care-givers, and providing for general health care of the elderly is a priority for the care of their elderly members.

■ Long-term Planning

Little is known about how institutes of women religious in other parts of the world—beyond North America and Europe—have prepared for their elderly members. Long-term planning for elderly care became one of the major challenges that major superiors mentioned at the webinar.

- *Create a structure to welcome elderly and sick sisters. (South America)*
- *Planning for retirement needs in a unit that is very young and busy about ministry growth and establishment (Africa)*
- *Improve the organization (mainly by replacing the current guest house) and make sure that financial management is sustainable over the next 10-15 years. (Europe)*
- *Long-term planning to prepare for aging of the members. (Asia)*

As the report from Mexico showed, policies and strategies for elderly care developed by the religious institutes in collaboration with experts are not common among women religious institutes. Just 13% of religious institutes in Mexico reported having developed long-term policies for elderly care. The majority of religious institutes (75%) say their responses to elderly care are made as cases arise and depend on the superiors, so few policies have been developed.

In the reports from Kenya and Zambia, the sisters lamented their lack of preparation for elderly care: *“Not much preparation for old age and planning for old age, on what to expect. I had not thought I would be here so fast. Some of us have lost the pension ... there is need for following up.”*

■ Provision of On-Going Formation on Aging

Perhaps one of the first steps in the long-term planning for elderly care is early preparation of members about aging and retirement. Naturally, it is hard to accept aging and to acknowledge the reality of aging, the needs for retirement, and for moving to a facility with further assistance. Catholic sisters are prepared and educated to do ministry. Oftentimes, they are trained to teach and preach, but not much focus has been given to the practical realities of aging in a religious institute. Thus,



sisters have a certain hesitancy in talking about aging and the challenges that are associated with aging. Participants in the webinars expressed this need:

- *Concern about the fear of the aging sisters going into an elderly home. (Asia)*
- *Difficulty to accept old age; difficult to find a meaning of mission in old age. (South America)*
- *Ongoing formation in area of mental health and effects of aging on other sisters in the community. When to move to a facility. (Australia/Oceania)*
- *There is a lack of a “retirement” culture, so that even though we have a beautiful, well-equipped facility with all kinds of medical and spiritual assistance... the sisters find it hard to accept going there because they “don’t want to go to die”. (Europe)*

In the survey of major superiors in Kenya, seven in ten religious institutes in Kenya agree that exposing their sisters to retirement programs is an important aspect of their lives.

■ Training Young Members to Accompany Aging Sisters

Given the needs for accompanying aging sisters, religious institutes worldwide realize the need for training younger members to accompany their aging sisters spiritually, psychologically, and emotionally, especially in their final years. Learning to journey with elderly sisters will enable younger members to value the presence and contributions of their elders as well as educate them in the process of aging. Participants in the webinars expressed the need:

- *To accompany spiritually the elderly sisters so that they live their consecration well until their last breath. To form sisters and even lay people in this ministry, because our spirituality today is also for the lay people. (South America)*

- *Helping young sisters to value elder sisters and educate them the process of aging. (Asia)*
- *Accompany them in their old-old age, facing diminishment in every level, including dementia. (North America)*
- *Formation of younger members in this regard. (Africa)*

In a survey of major superiors in Zambia, half of religious institutes in Zambia report a shortage of personnel in their institute. While about 13% of Zambian sisters minister in health care, just 4% the sisters' population are designated to serve the elderly sisters, and most of them are not nurses.

This was also affirmed among elderly sisters in Kenya. The elderly sisters shared:

- *The sisters taking care of us are few as compared to our variety of needs. Girls keep coming and going citing poor salaries and a lot of strenuous activities in the care of aged and sick sisters, some of whom are bedridden.*
- *In my old age I have to take care of some of the more aged and weak sisters than I am. We really need sisters who are set aside to take care of us.*

■ Financial Resources for Elderly Care

Religious institutes in North America and Europe are more likely than those in other parts of the world to have planned for financial savings and a progressive capitalization of resources. In the United States, religious institutes have a long history of deliberate, intentional, proactive work in addressing these issues. To meet their retirement needs, they have utilized a number of different strategies and participate in various public programs to obtain funding for their elderly sisters. The National Religious Retirement Office (NRRO) of the U.S. Conference of Catholic Bishops records the most common public programs in which its 390 religious institutes participate, shown in the accompanying table.

However, in other parts of the world the financial resources for elderly care are scarce. In the survey done in Mexico, 38% of religious institutes report that part of their financial resources for the care of elderly sisters rely on the State's health services (IMSS—covers workers in the private sector, or ISSSTE—provides benefits for federal government workers only).

Meanwhile, only 20% of religious institutes in Mexico report having a progressive savings and capitalization plan in place. Just 14% of Mexican religious institutes report having had a financial plan for elderly care in place for more than 20 years.

Participation in Public Programs among U.S. Institutes of Women Religious		
Programs	Number of Institutes	Percent
Social Security	337	86%
Medicare Part D Low Income Subsidy	274	70%
Supplemental Security Income	263	67%
Medicaid (medical -- doctors & hospitals)	229	59%
Qualified Medicare Beneficiary (QMB)	184	47%
Medicaid (nursing home care)	153	39%

Financial Resources of Institutes of Women Religious in Mexico for the Care of Elderly Members	
	%
IMSS or ISSSTE	38
Congregational or charitable fund	18
INSABI	16
Private medical insurance	7
Other	21

In Kenya and Zambia, about a quarter of religious institutes in these two countries report receiving pension benefits from the government for their retired sisters. They also report receiving a social service allowance from the government. Institutes in Kenya (25%) are more likely than those in Zambia (11%) to report receiving this allowance.

of religious institutes report that their elderly members live with other sisters within their communities. Just a quarter of religious institutes in Zambia report they have their own home for their elderly and infirm sisters. Likewise, a third of religious institutes in Kenya have established a home for their elderly sisters.

While living with younger sisters and those in ministry enable elderly sisters to stay active, the current facilities in most of religious institutes worldwide do not provide sufficient care for the elderly sisters. In the Kenya survey, only 10% of religious institutes report that all of their community facilities can be used by elderly sisters. And just 40% of Kenyan

Financial Funds for Elderly Care in Kenya and Zambia, 2022

Program	Zambia %	Kenya %
Have been insured with an insurance company by institute	29	—
Receive pension benefits from the government	25	27
Receive social service allowance from the government	11	25
Receive mobility equipment from the government (wheelchair, walker)	4	3

Worldwide, the challenge of having adequate funding to provide care for their elderly sisters was obvious among the participants attending the webinars. Some of their observations were:

- *Aging communities without financial resources to care for majority of aged, frail sisters, and weren't able to plan in advance. (North America)*
- *Health care. No Insurance health policy. (Asia)*
- *The elderly nuns are Italian missionaries who return home once they are in physical need or very old. We do not currently have adequate medical care options where we are located. The local nuns are very young. The most important issue is certainly access to and affordability of medical care. (Africa)*

Lack of funds for elderly care becomes more critical when expenses for the care of the elderly are growing among religious institutes. When asked how much of their budget was allocated for elderly care, nearly half of religious institutes in Mexico report they allocate at least half of their budget for elderly care.

■ Facility Accommodation for Elderly Sisters

Living arrangements among Catholic sisters of different ages in various cultures is diverse. In the United States, for example, elderly sisters are more likely to be in an assisted living facility or a retirement home, apart from other members who are still in ministry. In Mexico, by contrast, 70% of elderly sisters live in ministry communities. Similarly, In Zambia 68%

religious institutes report their houses have washrooms accessible for elderly sisters.

Participants in the webinar related some of the challenges in providing accommodation for their elderly sisters. For example, when elderly sisters wish to continue their life in the location where they have been missioned, it is challenging to provide appropriate facilities that can accommodate elderly mobility and access. For some religious institutes that choose to place their elderly sisters in a facility that is partnered with an outside organization they are challenged by what to do when needs arise and rooms are unavailable. The sisters shared this in their own words:

- *Some would like to continue their lives until the end in the mission places where they are, but sometimes it is not possible because there are not adequate facilities or because small communities feel unable to take care of the sister. (Africa)*
- *Partnering with facilities for placement. Often needs arise very rapidly and wait lists can be multi-year. (North America)*
- *Managing sisters' care and as well as properties that are often too large and need restructuring. (South America)*



Recommended Next Steps for the Care of Elderly Sisters

At the end of the second webinar on “Our Sisters, Our Future: Health and Spiritual Care for Aging,” participants were asked what future actions their religious institutes would take for elderly care. Participants offered to improve the spiritual and pastoral accompaniment of their elderly sisters.



More than four in ten report they would organize formation for leaders, sisters and care-givers. A third indicate they would collaborate with other religious institutes and do financial planning to meet the needs of elderly sisters.

Given the current realities in the care of elderly sisters among institutes of women religious worldwide, it is time for the religious institutes worldwide to take concrete steps that focus on providing for the general wellbeing of elderly members and to finance the care of their elderly sisters.

■ Evaluating Where Religious Institutes are in Preparing for Elderly Care

First and foremost, it is necessary for religious institutes to evaluate their current situation for preparing for elderly care. As mentioned earlier, Catholic sisters worldwide are at different stages of aging. Some religious institutes have already started the planning for elderly care for several decades. Some others who have younger membership have not thought of or realized the needs of aging sisters yet. It is important that religious institutes evaluate their current situation of where they are in preparing for elderly care in terms of membership, financial resources, and facilities. Then they can begin to look into the recommended next steps below in planning for their elderly care.

■ Providing for the General Well Being of their Aging and Infirm Members

Prepare younger members for elderly care

There is a general lack of personnel in providing quality health care and mental care to meet the needs of the elderly sisters of all stages and conditions. The religious institutes are challenged to hire and retain good healthcare personnel. It is essential that the religious institutes attract and empower their own members to be interested in studying gerontology. It is suggested the religious institutes enable younger members to get to know the elderly members and their needs early in their community life, learning about aging by periodic workshops or webinars with experts on successful aging and elderly care, and pursuing a degree or certificate on elderly care.

Provide emotional and spiritual needs

Many Catholic sisters stay active in ministry well into their older years. But at some point, most must step back. This can be a difficult process for many elderly sisters. Religious institutes are challenged to help their elderly members to grow spiritually in having a clear sense of identity and belonging after they have retired from their active ministry. It is recommended that the religious institutes develop key principles of accompaniment, and prepare personnel who will accompany elderly sisters through various stages of their lives, especially during their stages of diminishment and dying.



Facility accommodation

Outfitting a facility for elderly care is another challenge for the religious institutes to provide quality care for their elderly members. The religious institutes are challenged to seek facilities where elderly sisters can reside and are not isolated from the community of the institute. There is a need to recognize that religious institutes have different accommodations given their local cultural customs. It is recommended that the religious institutes look into different possible options that fit their sisters' needs, learn from professionals about the needs for their senior members. The religious institutes may consider having all of their infirm sisters reside in one facility, or collaborating with other religious institutes for a shared residential care facility. They can also consider partnering with an outside residential care facility or partnering with organizations like sponsoring colleges where the sisters used to do ministry.

Financing the General Needs

Going hand-in-hand with these wellbeing challenges are those related to financing the needs for elderly care. Religious institutes are challenged to recognize the importance of financial planning in order to meet short-term and long-term health care costs which are skyrocketing across the globe. It is recommended that religious institutes begin financial planning early on for elderly care, carefully consider learning about and participating in available public programs, or collaborating with other religious institutes on financial matters.

References

- Agbing, L. U. (2012). Features and practices in health care facilities for aged and infirm nuns. *Miriam College Faculty Journal*, 35, 60-96. https://www.researchgate.net/profile/Lourdes-Agbing/publication/271766752_Agbing_Lourdes_U_2012_Features_and_practices_in_health_care_facilities_for_aged_and_infirm_nuns_QC_Miriam_College_Faculty_Journal_Vol_35_60-96/links/55dc91d108aec156b9b18341/Agbing-Lourdes-U-2012-Features-and-practices-in-health-care-facilities-for-aged-and-infirm-nuns-QC-Miriam-College-Faculty-Journal-Vol-35-60-96.pdf
- Annuario Statisticum Ecclesiae (Statistical Yearbook of the Church)*. Rome: Libreria Editrice Vaticana, 1999-2019.
- Burlá, C., Rego, G. & Nunes, R. (2014). Alzheimer, dementia and the living will: a proposal. *Med Health Care and Philos*, 17, 389-395. <https://doi.org/10.1007/s11019-014-9559-8>
<https://link.springer.com/article/10.1007/s11019-014-9559-8>
- Butler, S. M., & Snowdon, D. A. (1996). Trends in mortality in older women: Findings from the nun study. *The Journals of Gerontology*, 51B(4), 201-208. <https://academic.oup.com/psychsocgerontology/article/51B/4/S201/650855>
- Cahill, S. M., & Diaz-Ponce, A. M. (2017). Quality of life of members of a religious community living in long-term care. *Perspectives on Science and Christian Faith*, 69(4), 206-216. https://www.researchgate.net/profile/Suzanne-Cahill/publication/322339382_Quality_of_Life_of_Members_of_a_Religious_Community_Living_in_Long-Term_Care/links/5a5f1e4fa6fdcc68fa9a3eb1/Quality-of-Life-of-Members-of-a-Religious-Community-Living-in-Long-Term-Care.pdf
- Centre for Research in Religious Life and Apostolate. (2022a). *Hospitality and care for elderly sisters in Kenya*.
- Centre for Research in Religious Life and Apostolate. (2022b). *Hospitality and care for elderly sisters in Zambia*.
- Corwin, A. I. (2014). Lord, hear our prayer: Prayer, social support, and well-being in a Catholic convent. *Journal of Linguistic Anthropology*, 24(2), 174-192. <https://doi.org/10.1111/jola.12047>
- Corwin, A. I. (2012). Changing God, changing bodies: The impact of new prayer practices on elderly Catholic nuns' embodied experience. *Ethos: Journal of the Society for Psychological Anthropology*, 40(4), 390-410. <https://doi.org/10.1111/j.1548-1352.2012.01267.x>
- Corwin, A. I. (2018). Overcoming elderspeak: A qualitative study of three alternatives. *The Gerontologist*, 58(4), 724-729. <https://doi.org/10.1093/geront/gnx009>
- Falcó, L. F., & Valdez, B. T. H. (2022, June 29). *The needs of elder sister in Mexico's women religious congregations*. Twelfth Triennial Conference on the History of Women Religious, Notre Dame, IN, United States
- National Religious Retirement Office. (2022). *NRRO statistics presented in charts and graphs*. <https://www.usccb.org/offices/national-religious-retirement-office/statistics>.
- Pacheco, J., Goh, J. O., Kraut, M. A., Ferrucci, L., & Resnick, S. M. (2015). Greater cortical thinning in normal older adults predicts later cognitive impairment. *Neurobiology of Aging*, 36(2), 903-908. <https://www.sciencedirect.com/science/article/pii/S0197458014005934>
- Schott, N., & Krull, K. (2019). Stability of lifestyle behavior—The answer to successful cognitive aging? A comparison of nuns, monks, master athletes and non-active older adults. *Frontiers in Psychology*, 10, 1-14. <https://www.frontiersin.org/articles/10.3389/fpsyg.2019.01347/full>
- Snowdon, D. (2001). *Aging with grace: What the nun study teaches us about leading longer, healthier, and more meaningful lives*. New York, NY: Bantam

Conrad N. Hilton Foundation commissioned the Center for Applied Research in the Apostolate (CARA) to prepare this white paper.

■ Conrad N. Hilton Foundation

The Conrad N. Hilton Foundation is a family foundation established in 1944 by the man who started Hilton Hotels. The foundation provides funds to nonprofit organizations working to improve the lives of disadvantaged and vulnerable people throughout the world.

Learn more at <https://www.hiltonfoundation.org/>

Conrad N. Hilton Foundation
1 Dole Drive
Westlake Village, CA 91362

■ The International Union of Superiors General

UISG provides a place for female Superiors General to meet in an ecclesial setting. With a worldwide membership, we aim to build bridges and develop networks in order to create different ways for religious sisters to communicate across geographical distances, different languages and cultures in order to be in communion with one another and build a global community together.

Learn more at: <https://www.uisg.org/en/>

International Union of Superiors General
Piazza di Ponte Sant'Angelo, 28, 00186 Rome

■ Center for Applied Research in the Apostolate

The Center for Applied Research in the Apostolate is a non-profit research center that has been conducting social scientific studies about and for the Catholic Church, since 1964. CARA's mission has three aspects: to increase the Church's self-understanding, to serve the applied research needs of Church decision-makers, and to advance scholarly research on religion, particularly Catholicism.

Learn more at <https://cara.georgetown.edu/>

Center for Applied Research in the Apostolate
2300 Wisconsin Ave, NW Suite 400A
Washington, DC 20007



CENTER FOR APPLIED RESEARCH IN THE APOSTOLATE

2300 Wisconsin Avenue NW Suite 400A Washington D.C. 20007

Phone: 202-687-8080 Fax: 202-987-8083

Email: cara@georgetown.edu Web: cara.georgetown.edu
