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Gerotranscendence and Successful Aging:
The Lived Experience

by

Allyson R. Rempel, BSW, LSW

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University & University of St. Thomas
St. Paul, MN
in partial fulfillment of the requirements for the degree of
Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University & University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis, nor a dissertation.

Abstract

With the impending explosion in the number of older adults in this country, new ways of understanding and serving this population are vital to success in clinical social work practice. This study explored the lived aging experience from the perspective of older adults in the context of gerotranscendence and successful aging. Nine older adults over the age of 80 were interviewed by the researcher. The findings of the study indicate the presence of gerotranscendence, and confirmed that it coincided with the concept of successful aging in all nine participants. Implications include the need for a more holistic understanding of older adults, policy development to support older adults in the community, agency policies that acknowledge and foster the development of gerotranscendence, further research on gerotranscendence and the economics of aging, assessments of providers currently using the principles of gerotranscendence in practice, needs assessments for future program development, and the development of educated and skilled professionals to address the diverse needs of older adults.

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Introduction

One of every eight Americans is currently over the age of 65 – 13% of the total population (Administration on Aging, 2008; Werner, 2011; Wheeler & Giunta, 2009). This population is projected to more than double by the year 2035. Furthermore, those aged 85+ are projected to increase from 115% (Fleming, Evans, & Chutka, 2003; Minnesota State Demographic Center, 2007) to as much as 170% (Administration on Aging, 2008) in the same time frame. The increase in these age groups can be attributed to two primary factors – the aging of the Baby Boom generations and increased longevity (Minnesota State Demographic Center, 2007). The Council on Social Work Education (CSWE) reports that by 2025, 1 in 26 people in America will live to be 100 years old, whereas in the year 2000, only 1 in 500 lived as long. The table below (AARP Public Policy Institute, 2011a – see Appendix A) illustrates the projected changes to the 50+ population.

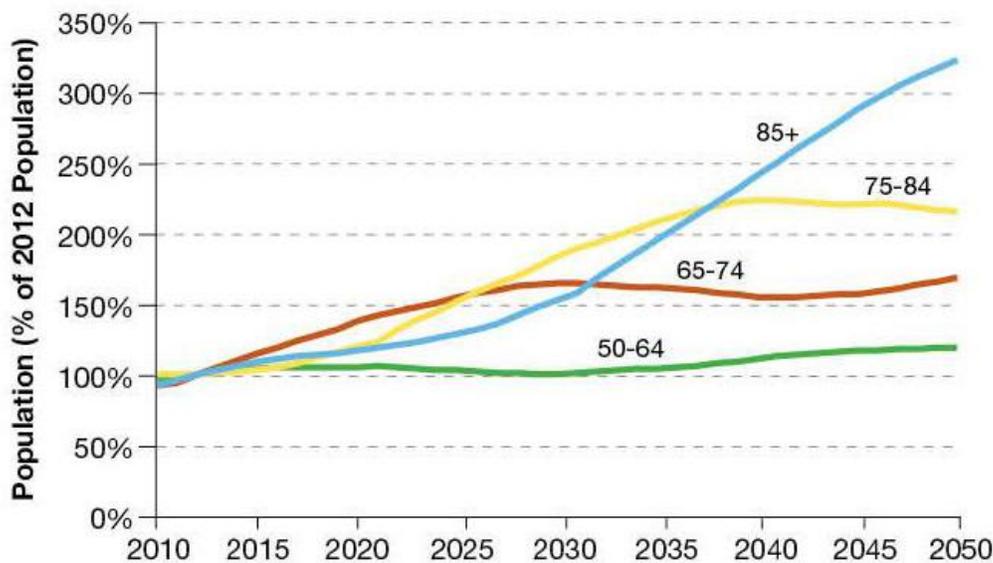


Figure 1: Percentage of Older Adult Population over Time

While the size of the older adult population doubles, however, the population of those 45 to 64 is projected to have very minimal fluctuation. In Minnesota alone, the working-age population is projected to increase only 4% by 2020, and then only another 1% between 2020 and 2030 (Fleming et al., 2003). With the percentage of older adults increasing disproportionately to other age groups, working with older adults in a social work setting is inevitable and is an area in urgent need of growth (CSWE, 2008; Fleming et al., 2003; Simons, Bonifas, & Gammonley, 2011).

Clinical social workers are especially likely to see an increase in older adults who have aging issues that must be addressed. There will be more older adults needing care in a system that is already experiencing a shortage of professionals to provide it (CSWE, 2008; Silverstone, 2005; Simons et al., 2011). Only 5-9% of social workers have identified aging as their primary field of practice. This, combined with the increasingly fragmented and difficult to navigate service system and the impending retirements of large numbers of practitioners illustrates the growing need for social workers specializing in gerontology (Silverstone, 2005; Simons et al., 2011). For those who may not work directly with older adults, they will surely encounter adults who are caring for an aging friend or relative, since informal care providers are the primary caregivers for older adults (Silverstone, 2005; Wheeler & Giunta, 2009). Knowledge of the aging process, aging theories, and how both affect assessment and treatment planning are vital to competent practice with older adults and those who care for them (Wadensten, 2006).

The rise in the older adult population comes with serious implications. Iezzoni (2010) reports that of those between the ages of 65 and 79 with chronic health conditions, 20.2% have one, 21.5% have two, and 45.3% have three or more. Furthermore, 30% of

65 to 74 year olds have a disability, and 53% of those 75+ are disabled (Iezzoni, 2010). Of Minnesota households including at least one person over the age of 65, 39% include at least one person with a disability (AARP Public Policy Institute, 2011b). One-third of all adults over 65 have a disability that is classified as severe (Fleming et al, 2003). In addition to the plethora of physical needs of older adults, there are numerous mental health needs, which often co-occur with physical decline (Garrido, Kane, Kaas, & Kane, 2011). In their study of 1,681 community-dwelling adults over the age of 65, Garrido et al. (2011) found that of those with a clinical need for mental health services (who had either depression or anxiety symptoms in the prior year), two-thirds received no mental health care. Of the entire 1,681 participants, only 6.5% had received any type of mental health care in the prior 12 months (Garrido et al., 2011). Suicide is also common among older adults. The suicide rate for those over 85 is twice that of the national average (Silverstone, 2005).

In order to improve the quality of life and well being of older adults, clinical social workers have a responsibility to go beyond the immediate physical and mental health needs to address the whole person (Dalby, 2006). This is in line with the focus of gerontology, which seeks to promote the best possible quality of life for older adults (Wadensten, 2006), as well as the values mandated by the Social Work Code of Ethics, which states in its introduction, “a historic and defining feature of social work is the profession’s focus on individual well-being in a social context” (NASW, 2008, p.1). Gerotranscendence is a developmental stage that occurs during the aging process in older adults in which older adults become increasingly connected to the spiritual and mysterious parts of the universe (Tornstam, 2011). Jönson and Magnusson (2001) state

that gerotranscendence “emphasizes difference and positive development in old age without denying that many old people are frail and dependent” (p.327).

Gerotranscendence provides a framework within which older adults can be understood and treated with consideration for the whole person, a position which is in line with the concept of successful aging (Flood, 2009).

The purpose of this qualitative study was to explore the lived aging experience in the context of gerotranscendence and successful aging – more specifically, what does the lived experience of aging look like from the perspective of an older adult? and how can gerotranscendence and successful aging help us understand the aging process?

Literature Review

The definitions of aging provide context for the use of the word “aging” in this study. Flood (2009) identifies two dimensions of aging. The first and simplest definition of aging is to become older. The second definition, to mature or to gain desirable qualities over time, gives depth to the term. These two definitions can conflict – one views aging as a gradual decline, while the other sees aging as a desirable, enriching process (Flood, 2009). Both definitions should be considered as both can be applied to the aging process. Furthermore, an understanding of *successful aging* for the whole person is necessary in order to differentiate it from maladaptive processes and to promote optimal overall health (Flood, 2009).

The following review of the literature will include an overview of common views of aging, successful aging, aging and social work, relevant aging theories and models,

and will conclude with an overview of gerotranscendence, including its history, dimensions, development, related research, critiques, and application to practice.

Perspectives of Aging

Ageism, a term coined by Robert Butler, includes the discriminatory, prejudicial, or negative attitudes towards others based on chronological or perceived age (Butler, 1980; DuBois & Miley, 2005; Iverson, Larsen, & Solem, 2009). Though these attitudes can refer to any age group, they are generally directed towards older adults (Butler, 1980; DuBois & Miley, 2005; Iverson et al., 2009). Common ageist ideas include preferring youthfulness, assuming that all older adults are alike, connecting growing old with death, and assuming that older adults are senile. Older adults are often stereotyped as difficult, stuck in their ways, unable to adapt (DuBois & Miley, 2005; Rowe & Kahn, 1998), or dependent and burdensome (Rowe & Kahn, 1998; Wheeler & Giunta, 2009).

Ageist ideas and stereotypes affect the way that older adults are treated, both directly and indirectly, and positively and negatively (Butler, 1980; Iverson et al., 2009; Simons et al., 2011). For example, Simons et al. (2011) have shown that ageist stereotypes have had a negative effect on students' choices for fields of practice that involve work with older adults. Once employed in an area of aging, however, social workers tended to report high levels of job satisfaction, citing personal growth and enrichment from working with older adults (Simons et al., 2011). Negative perceptions about the needs of older adults have caused a variety of reactions, such as compassion, excessive care, patronizing behavior, or even dehumanization (Butler, 1980; Iverson et al., 2009). Some stereotypes may be viewed as positive, such as assuming older adults

are wiser, happier in retirement, or receivers of special advantages in the form of tax breaks or health care (Butler, 1980; Iverson et al., 2009).

Successful Aging

Successful aging has been described in many ways (Flood, 2009; Rowe & Kahn, 1998). In order to promote healthy aging, an understanding of the varying definitions is important since each distinguishes successful aging from unsuccessful aging. One definition of successful aging includes three facets – physical health, mental wellness, and spiritual fulfillment. Wellness in each area determines success (Flood, 2009). A second definition says that what “successful” means for each individual can only be defined by that person (Flood, 2009). Finally, Rowe and Kahn (1998) define successful aging as the maintenance of three characteristics: avoiding disease, engagement with life, and high cognitive and physical function.

For the purpose of this research, a definition that leaves out the physical aspect of aging was chosen. Though physical health is also important, many aspects of health cannot be controlled. One can age successfully even in poor health, which is conceptually consistent with the developmental stage of gerotranscendence. Successful aging, then, will be understood as the ability to cope with change, to assign purpose or meaning to one’s life, and to objectively evaluate one’s own life (Flood, 2009).

Aging and Social Work

Among the most important approaches to impact aging in social work service delivery is the strengths-based perspective. This perspective is at the core of the social work profession, and focuses on the empowerment of clients (Silverstone, 2005). The strengths perspective acknowledges that people are able to change and are capable of

growth at any age or stage of life when empowered to gain knowledge of their own needs and resources. Strengths-focused social work has gained popularity over the last two decades, and has been used increasingly in work with older adults (Silverstone, 2005). Work with older adults has traditionally focused on aging as a problem to be fixed, but has more recently shifted focus to seeing the older adult as a client who is able to collaborate in the process (Silverstone, 2005; Wheeler & Giunta, 2009).

Aging issues and the way they have been addressed within the social work profession have changed over the years. A variety of theories and models about aging have informed social work practice and the way we understand the aging process (Richardson & Barusch, 2006). The development of a new theory often changed the way practitioners viewed older adults or the way that interventions were incorporated into practice. Practitioners should continue to be aware of new theories that test more traditional approaches and use them to inform practice and increase understanding (Richardson & Barusch, 2006).

Aging Theories and Models

The following section will highlight the theories of individuation, disengagement, psychosocial development, activity, and continuity, including discussion about how each has contributed to the evolution of the views and definitions of aging within social work practice with older adults. A table in Appendix B (compiled with information from Braam, et al, 2006; Dalby, 2006; Richardson & Barusch, 2006; and Wadensten, 2006) includes additional theories and models, and though not covered below, are relevant to our understanding of aging across time. The table is organized chronologically by the

year of introduction of each theory, lists the person(s) who developed it, and a brief summary of the theory or model (Appendix B).

Jung was among the first to acknowledge that old age differs from earlier life stages though *individuation*, the process of developing over time (Appendix B). In contrast to earlier ages, the task of older adulthood is to get to know oneself better (Richardson & Barusch, 2006; Tornstam, 1999; Wadensten & Carlsson 2003). Jung noted that with age, one becomes more introspective, more self-aware, and increasingly spiritual (Richardson & Barusch, 2006; Wadensten & Carlsson 2003). To age successfully from Jung's perspective, one becomes increasingly individuated, or more and more oneself.

Nearly 10 years after Jung introduced the idea of individuation (Appendix B), Cummings and Henry introduced *disengagement theory*, which proposed that starting in middle age and continuing into older adulthood, adults tend to turn inward and withdraw from activity, roles, and society as a whole (Richardson & Barusch, 2006; Wadensten, 2006). This tendency to withdraw was attributed to a gradual preparation for death. In order to age successfully through the lens of disengagement, one would abandon prior relationships and reduce involvement in activities (Richardson & Barusch, 2006; Wadensten, 2006).

Erikson's *psychosocial theory* of development differed from prior theories and models with the introduction of stages that extended throughout the lifespan (Appendix B). Psychosocial development was grounded in eight stages of psychosocial development, with a focus on ego development (Erikson, 1997; Richardson & Barusch, 2006; Tornstam, 1999; Wadensten & Carlsson 2003). Each stage requires the person to

face a crisis and overcome it to advance to the next stage. For example, during the eighth stage of *integrity vs. despair*, older adults look back on their life, and if they are able to accept it, regardless of how good or bad, they are able to feel satisfaction. Inability to find acceptance may lead to despair, or fear of death (Erikson, 1997; Richardson & Barusch, 2006; Tornstam, 1999; Wadensten & Carlsson 2003). Successful aging, then, is signified by the ability to assign satisfaction to one's own life.

Only two years after the introduction of disengagement theory, Havighurst developed *activity theory*, which viewed aging through a very different lens (Appendix B). By applying activity theory, one would expect older adults to remain active and engaged (Richardson & Barusch, 2006; Tornstam, 1999; Wadensten, 2006). By maintaining the same level of activity as in middle age, life is said to remain satisfying. This implies that the differences between middle and old age are biological only and activity is directly equated to well being (Richardson & Barusch, 2006; Wadensten, 2006). If losses do occur, they should be replaced by new activities, regardless of ability or desire (Wadensten, 2006). To age successfully through the lens of activity theory, one must remain active and involved at the highest possible level.

Continuity theory, developed by Atchley, reflected the core ideals of activity theory – that middle and old ages should be similar (see Appendix B). Continuity theory was based on the idea that past decisions and behaviors affect life changes (Richardson & Barusch, 2006; Wadensten, 2006). People are said to adapt by relying on what they know and by repeating decisions and behaviors both in the present time and in the future. To age successfully using continuity theory, satisfaction is derived from remaining the

same throughout the aging process and the focus is to maintain and continue the same patterns throughout one's life (Richardson & Barusch, 2006; Wadensten, 2006).

Gerotranscendence came in the wake of these theories (Appendix B). It has been called a framework for understanding positive aging (Tornstam, 2011), and is a combination and extension of earlier theories, the experience of which is said to be the final stage that occurs in the natural aging process (Erikson, 1997; Tornstam, 1999; Wadensten, 2006). In this stage, older adults become increasingly connected to the spiritual and mysterious aspects of the universe (Erikson, 1997; Tornstam, 2011). The combination of gerotranscendence and successful aging provide a framework for social work practitioners through which older adults can be understood and treated with consideration for the whole person.

Gerotranscendence

The theory of gerotranscendence was developed by Lars Tornstam as a way of understanding aging (Gamliel, 2001) that was later operationalized by Joan Erikson as a ninth developmental stage added to the previous framework introduced by her husband, Erik Erikson (Erikson, 1997) (Appendix B). The history and development of this theory will be explored, along with notable research using the concept of gerotranscendence, and a description of the arenas of its influence. Critiques of the theory will be addressed, followed by the practical applications of gerotranscendence to social work practice as evidenced in the literature.

History of Gerotranscendence

Gerotranscendence was first introduced by Lars Tornstam in 1989 (Tornstam, 2011). Gerotranscendence focused on identity and changes to a person throughout the

natural aging process (Jönson & Magnusson, 2001; Tornstam, 2011). Based on knowledge of several other theories (Appendix B), Tornstam noted that changes in lifestyle choices, ideals, and identity were evident in later adulthood, which he referred to as a “paradigm shift”. He hypothesized that this shift continued with age and that a change from rational, materialistic ways of thinking would give way to a more cosmic and transcendent way of life (Braam, et al, 2006; Dalby, 2006; Gamliel, 2001; Tornstam, 2011).

Tornstam noted that gerotranscendence is a continuous process that is affected by culture, and accelerated by crisis (Braam, et al, 2006; Gamliel, 2001, Lewin, 2001; Tornstam, 2011; Wadensten & Carlsson 2003). Moving away from the more negative views of aging (Jönson & Magnusson, 2001), Tornstam noted that though older adults tended to withdraw, it was a reorientation to a different perspective and experience, to a more reflective and satisfying state of being and thinking (Dalby, 2006; Jönson & Magnusson, 2001; Tornstam, 2011).

Joan Erikson later applied and further articulated Tornstam’s ideas, adding gerotranscendence as a ninth developmental stage to the eight stages of psychosocial development originally introduced by her husband, Erik Erikson (Erikson, 1997). She proposed that gerotranscendence, as a ninth stage of development, occurs during the 80s and 90s for most older adults (Braam, et al, 2006; Dalby, 2006; Erikson, 1997). The task of this ninth stage is to develop a new perspective of the world, which is often increasingly spiritual (Dalby, 2006; Erikson, 1997). Gerotranscendence, therefore, deals not only with human development, but with maturity, wisdom, identity, and coping patterns – all of which contribute to overall life satisfaction (Flood, 2009; Tornstam,

2011). Gerotranscendence, though typically experienced by older adults, is a life-long process. It increases with age, and reaches its maximum in later life (Lewin, 2001; Tornstam, 2011).

The Dimensions of Gerotranscendence

Tornstam defined three dimensions in which gerotranscendence occurs – self, social/personal, and cosmic (Tornstam, 1999; Tornstam, 2011). Gerotranscendence is illustrated in each area in different but related ways. Table 1 outlines the major concepts of each dimension, which will also be described in more detail below.

Table 1: Three Dimensions of Gerotranscendence

Self & Coherence	Social/Personal Relationships & Solitude	Cosmic
Continually changing and developing as an individual	Breaking away from role expectations	Universal connection to people, nature, the spiritual, etc
Fewer boundaries between self and others	Positive solitude	Change in perception of time
Decrease in self-centeredness and self confrontation	Increased innocence and spontaneity, connected to adult judgment and rationality	Connection to the past, earlier generations, and history
Changed perception of life and death	Decreased self-centeredness in social contexts	Understanding of life as a connected whole
Body transcendence, less obsession with physical body	More selective in relationships – focused on meaningful connections	Second childhood
Less value placed in the material realm	Withholding of judgment and increased open mindedness	Mystery is accepted
Connection to the past and acknowledgement of mistakes	Asceticism	Celebration and rejoicing
Increase in child-like wonder	Transcendent everyday wisdom	
Self transcendence		

The Self Dimension. As illustrated in Table 1, in the area of self (also referred to as coherence), the view of self changes – both in the present and in retrospect (Tornstam, 2011). Older adults tend to become less self-centered. They begin to view life and death in new ways – finding a new appreciation for the life they have lived, discovering new aspects of self, and having less fear of death and the transitions leading up to it (Dalby,

2006; Jönson & Magnusson, 2001; Lewin, 2001; Tornstam, 1999; Tornstam, 2011; Wadensten & Carlsson, 2003).

Older adults often feel connected to the past, history, earlier generations, and/or to something larger than themselves, which can be manifested in increased religious expression or spirituality, or just in the way they view the world (Tornstam, 2011). As older adults view their past, they may acknowledge mistakes or begin to view their lives differently than they had before, with an emphasis on meaning and purpose (Lewin, 2001; Tornstam, 1999; Tornstam, 2011). Body transcendence is also a common part of the self dimension. Less focus is placed on the physical body than earlier in life, and though care of the body is still present, it becomes less of an obsession (Tornstam, 1999; Tornstam, 2011; Wadensten & Carlsson, 2003).

The Social/Personal Relationships Dimension. Table 1 reveals the social/personal dimension (also referred to as the solitude dimension), which describes older adults as they break away from their expected roles (Tornstam, 2011). In this process, older adults are increasingly able to separate self from roles, and may become less judgmental and react with an open mind, even when they might not have done so in the past (Lewin, 2001; Tornstam, 1999; Tornstam, 2011; Wadensten & Carlsson 2003). The number of relationships with others often decreases as older adults focus more energy on the meaningful relationships in their lives and become more selective about who they spend their time with (Dalby, 2006; Jönson & Magnusson, 2001; Lewin, 2001; Tornstam, 1999; Tornstam, 2011; Wadensten & Carlsson, 2003). Solitude is seen more positively than in earlier developmental stages (Dalby, 2006; Lewin, 2001). Increased innocence and asceticism are also common as older adults reject cultural norms

(Tornstam, 1999; Tornstam, 2011; Wadensten & Carlsson, 2003). Tornstam (2011) proposed that older adults “develop a new skill to transcend needless conventions, norms, and rules, which earlier in life had curtailed freedom to express the self” (p.173).

The Cosmic Dimension. The cosmic dimension, as shown in Table 1, focuses on existential changes (Tornstam, 2011). Connection is a key concept in this dimension, as older adults generally see their lives as a connected whole – like one piece of larger puzzle (Jönson & Magnusson, 2001; Tornstam, 1999; Tornstam, 2011; Wadensten & Carlsson, 2003). Increased attachment to earlier generations is common, and perceptions about life and death shift – death becomes less feared, and life is understood from a new and different perspective (Lewin, 2001; Tornstam, 1999; Tornstam, 2011; Wadensten & Carlsson, 2003).

Spirituality plays a large role in older adults’ lives and is experienced in different ways for each individual. Those who were already spiritual earlier in life become more connected to their spirituality, whereas others who were never spiritual find a connection to the spiritual realm (Dalby, 2006; Tornstam, 1999; Tornstam, 2011; Wadensten & Carlsson, 2003). Mystery becomes more accepted, which has been referred to as a second childhood for older adults. Time is also experienced differently in the cosmic dimension (Dalby, 2006; Jönson & Magnusson, 2001; Tornstam, 1999; Tornstam, 2011; Wadensten & Carlsson, 2003). Time can be viewed as unimportant or as unlimited, and the lived experiences of older adults becomes less constrained by time limits. Boundaries between then and now are blurred (Tornstam, 2011). Rejoicing and celebration of every day experiences also becomes more prevalent (Tornstam, 1999; Tornstam, 2011).

Studies have addressed the increased connections between spirituality and later life. Psychological theories, in particular, support the idea that there is a growing connection to spirituality as people age, which is consistent with the cosmic dimension of gerotranscendence (Dalby, 2006). In fact, older adults who identify themselves as spiritual have been found to have increased well-being compared with people who do not (Dalby, 2006; Flood, 2009). When psychological development and old age are combined, the lines between psychological experiences and spiritual ones are blurred (Dalby, 2006). Even with the presence of debilitating physical health conditions, the spiritual dimension is not lost (Flood, 2009).

Gerotranscendence Development

Tornstam (1999) noted that older adults with higher degrees of gerotranscendence had higher levels of ability to control their own social activities, were more satisfied with social activity, and had higher life satisfaction. They were less dependent on activity to maintain well-being, and were better able to cope through both active and complex patterns (Tornstam, 1999). The development of gerotranscendence changes and expands older adults' definitions of reality and self based on their life experiences, maturity, and wisdom (Tornstam, 1999; Wadensten & Carlsson 2003). Not everyone reaches a high degree of gerotranscendence, though most individuals show gradually increasing levels of gerotranscendence over their lifetime (Tornstam, 2011; Wadensten & Carlsson 2003). These ideas were based on extensive research related to the theoretical development of gerotranscendence and tests of its validity. This research base will be discussed in more depth in the following paragraphs.

Research on Gerotranscendence

Tornstam explored his original idea of gerotranscendence through qualitative interviews with older adults in 1994. It was through this research that he identified the first two dimensions of gerotranscendence – cosmic and ego transcendence, which he used as subscales to measure the results of his analysis (Braam et al., 2006; Tornstam, 1999; Tornstam, 2011). His qualitative research and the emergence of the cosmic and ego subscales were replicated by both Braam et al., in 1998, and Atchley, in 1999 (Braam et al., 2006). Tornstam resolved some of the disadvantages of the original gerotranscendence scale by developing a second scale in 1997 with shorter questions and without questions about comparisons to the past (Braam et al., 2006). In 2005, he conducted a quantitative survey with random samples of Swedish and Danish participants between the ages of 20 and 104 (Tornstam, 2011). After further data analysis, three subscales – self, solitude, and cosmic – were identified. Though these four studies (Tornstam’s original qualitative research in 1994, Braam et al. 1998 and Atchley’s 1999 replications, and Tornstam’s final quantitative research in 2005) were empirically consistent, specifically for the cosmic dimension, Braam et al. (2006) noted that external validity must be determined by further research.

Findings from studies on gerotranscendence have reported at least partial support for the theory. For example, Gamliel (2001) conducted an ethnographic study conceptually guided by gerotranscendence with residents of a nursing home and found that the essential elements of gerotranscendence were highly relevant and present in the routines and rituals of the older adults he observed. In an exploratory study that compared religious and secular samples in a variety of cultures, Lewin (2001) found

partial support that gerotranscendence developed in older age. He noted that the development of gerotranscendence was affected by cultural norms and thought processes, and suggested that individualism may hinder the development of gerotranscendence (Lewin, 2001).

Other researchers have examined gerotranscendence indirectly. In a review of several studies, Braam et al. (2006) found that people who identify themselves as spiritual are more likely to feel a strong connection to the universe (cosmic dimension) (Braam et al., 2006). Those who identify as spiritual have also been found to have a framework for meaning and purpose in their lives, more so than people who do not identify themselves as spiritual, which Braam et al. (2006) found correlated highly with cosmic transcendence. The connection between cosmic transcendence and the purpose/meaning framework was evident for participants under the age of 75, but was strongest for those aged 75+, which is consistent with the development of gerotranscendence later in life (Braam et al., 2006). Finding meaning in one's life and transcending current experiences of aging to find meaning are seen as vital parts of the aging process (Dalby, 2006) and correlate positively with gerotranscendence, specifically the self and cosmic dimensions.

Critiques of Gerotranscendence

Jönson and Magnusson (2001) noted that because old age has not been shown to be qualitatively different from other age groups and that transcendence is not exclusive to old age, gerotranscendence is therefore weak as a theoretical framework. The changes that occur in the self, relational, and cosmic dimensions of gerotranscendence have been linked to older age, but are not exclusive to this stage of life (Jönson & Magnusson,

2001). Gerotranscendence also hinges on cognitive functioning and insight; therefore, it is unclear whether it is possible for those with cognitive impairments to experience this developmental stage (Jönson & Magnusson, 2001). Furthermore, there is no conclusive evidence that gerotranscendence is universal to all cultures and religious backgrounds (Dalby, 2006). Dalby (2006) cited a study that compared the presence of gerotranscendence in three cultural groups – Turkish, Swedish, and Iranian. The participants were all over the age of 65 and each cultural group included both religious and secular participants. The study found that gerotranscendence was evident in all groups except the secular Turkish participants (Dalby, 2006). These discrepancies suggest that because gerotranscendence has not been demonstrated to be evident universally across all cultures, religious backgrounds, and cognitive abilities, further research accounting for these variables should be conducted to demonstrate empirical validity.

Further critiques of gerotranscendence have been cited in regards to how it affects older adults. Though there has been some correlation in the research (Jönson & Magnusson, 2001), it is unclear whether well-being is enhanced by the presence of gerotranscendence (Braam, et al, 2006). Jönson and Magnusson (2001) summed up their criticism of gerotranscendence by saying that “the essentialism of gerotranscendence theory runs a risk of creating a blindness to the diversity of old people’s interests and needs, and old people who do not transcend can be viewed as deviant and noncompliant” (p.329), suggesting that gerotranscendence was simply an attempt to “re-enchant old age” (p.326). In the context of these critiques, and the benefits of having a positive model of aging, gerotranscendence has been considered in practice with older adults.

Gerotranscendence in Practice

Wadensten and Carlsson (2003) took the idea of gerotranscendence, and through focus group-based research with a convenience sample of practitioners from a variety of backgrounds, developed guidelines for implementing gerotranscendence in practice. Three focus groups were conducted – group 1 consisted of individuals with no background in health/social services, group 2 included practitioners who did not have experience in gerontology, and group 3 incorporated those who had experience working with older adults (Wadensten & Carlsson, 2003). Each group was given a brief explanation of gerotranscendence and was then instructed to come up with actions that could be applied to encourage the development of gerotranscendence in older adults. The suggestions from each group were compiled and analyzed (Wadensten & Carlsson, 2003). Seven themes emerged: identifying behaviors that may include signs of gerotranscendence as normal aging benchmarks, reducing body pre-occupation, accommodating alternative definitions of time, allowing death to come up in thoughts and conversations, facilitating and encouraging personal growth, incorporating a variety of inclusive activities, and creating peaceful time and space. Their research included dos and don'ts for each theme, and encouraged those who work with older adults to be open to alternative ideas about aging for each individual (Wadensten & Carlsson, 2003).

Tornstam (2011) also developed three transpersonal exercises for his own purposes that could be used to foster gerotranscendence in work with older adults. The first exercise addresses time and place. Older adults should be directed to pick out a person from the past who made an impact on their life and then imagine having a conversation with that person as though they were living at the same time. The focus of

the exercise is to see what the older adult and the person they chose have in common and to describe how the exercise affects them (Tornstam, 2011). The second exercise is about connections, and requires older adults to envision themselves as a part of something larger, like a link in a chain. The point of the exercise is to visualize the infiniteness of the chain and to understand how they fit in the bigger picture (Tornstam, 2011). The third exercise involves finding a flower, and then having an older adult focus on it and how they and the flower are alike – made of the same molecules, etc. This exercise was designed to increase feelings of connection and joy (Tornstam, 2011).

Study Purpose

With the exponential growth in the aging population and the evolution of perspectives informing social work practice with older adults, gaining insight into the connections between gerotranscendence and successful aging is vital to competent work with older adults. The purpose of this study was to gain an understanding of the lived experience of aging from the perspective of older adults in the context of gerotranscendence and successful aging. Participants were also invited to provide guidance to social workers who practice with older adults.

Conceptual Framework

A conceptual framework is used to guide the research process. This study will be understood through the lens of gerotranscendence and its three dimensions. The dimensions of gerotranscendence aided in the formulation of the interview questions and will provide a foundation for how to understand the aging process from the perspective of older adults who are interviewed. The self dimension was explored by asking about meaning and purpose in the participant's life; the social/personal relationships dimension

was examined by discussing the changes in the older adult's relationships with others; and the cosmic dimension was investigated through a conversation about the changes in how time is observed and experienced.

Because gerotranscendence is thought to be a part of the natural aging process, key concepts were drawn from the interviews and deconstructed to determine their alignment with each of the dimensions of gerotranscendence. In addition to their alignment with gerotranscendence, ideas from the interviews were compared with the concept of successful aging – which includes the ability to objectively evaluate one's own life, to assign meaning and purpose to one's past, and to cope with change – to determine areas of consistency. Because the purpose of this study included informing social work practice and increasing quality of life for older adults, a connection between gerotranscendence and successful aging is vital to competent practice with older adults.

Methods

Research Design

This exploratory, qualitative study addressed the following questions: what does the lived experience of aging look like from the perspective of an older adult? and how can gerotranscendence and successful aging help us understand the aging process? These questions were answered through qualitative interviews with older adults who were over the age of 80, since research has shown that the developmental stage of gerotranscendence generally occurs during the 80s and 90s for most older adults (Braam, et al, 2006; Dalby, 2006; Erikson, 1997).

Sample

Participants were selected using purposive sampling (Berg & Lune, 2012). A staff member at a senior housing facility assisted the researcher in recruiting participants for this study (Appendix C) to ensure that all participants were cognitively able to participate in the interview and were able to give informed consent. The staff member distributed flyers (Appendix D) only to specific residents who met the age requirement of being 80 or older *and* that the staff member knew to be cognitively able to give informed consent (Appendix E). The flyers were distributed to residents at the facility after the project was approved by the St. Catherine University Institutional Review Board (IRB). Those interested in participating gave their contact info to the staff member, who then gave a list to the researcher to schedule the interviews.

Protection of Human Subjects

This research proposal was approved by the research committee and the St. Catherine University IRB prior to implementation to ensure strict adherence to protection of human subject guidelines. Prior to the interview, the researcher reviewed the consent form with each participant before having them sign it (Appendix E). The consent form complied with the Protection of Human Subject requirements and included provisions for privacy and confidentiality, which were maintained by omitting identifying information from both the recordings and the transcript. No identifying information was included in the analysis or presentation of the findings. Signed consent forms were kept separately from the audio files and transcripts to ensure confidentiality was maintained at all times. Audio recordings were destroyed prior to June 1, 2013.

Data Collection

Instrument Development

The interviews were semi-structured. Research questions (Appendix F) were approved by the research committee to ensure appropriateness for participants. The interview began with three questions to verify that participants understood the terms of the consent (Appendix F). Questions for the interviews were purposefully sequenced in order to start with demographic questions and then to address each of the three dimensions of gerotranscendence: self, social/personal relationships, and cosmic. Demographic questions included gender, age, and spiritual/religious affiliation. All other questions were open-ended and directly related to the overall research question. The question, “how would you define successful aging?” focused on documenting a foundational understanding of the older adult’s worldview. The remaining questions were organized by each dimension of gerotranscendence.

Successful aging can be measured by the ability of older adults to objectively evaluate their own lives, to assign meaning and purpose to their past experiences, and to cope with change (Flood, 2009). Therefore, open-ended questions created by the researcher, based on the literature, and in consultation with seasoned professionals who work with older adults, targeted these three areas of successful aging and included questions that aligned them with the three dimensions of gerotranscendence (see Appendix F for full list of interview questions).

The self dimension of gerotranscendence affects older adults’ views of self in both the present, and in retrospect (Tornstam, 2011). This section of the interview included questions such as “What currently gives your life meaning and purpose?” and

“How has your understanding of life and death changed as you have aged?”. These questions targeted both aspects of the self dimension of gerotranscendence and the ideas behind successful aging, such as the ability to evaluate one’s own life and the ability to assign meaning and purpose to experiences.

Breaking away from expected roles is typical in the social and personal relationships dimension of gerotranscendence (Tornstam, 2011). This section included questions like “How do you view solitude?” and “How have your relationships with others changed as you have aged?” These questions were intended to find out how older adults spend their time and how their relationships with self and others impacted their ability to cope with change over time.

In the cosmic dimension, older adults tend to view their lives as a connected whole (Tornstam, 2011). This section aimed to answer the following questions: “How has your perspective of time changed as you’ve gotten older?” and “Choose five words that describe your life right now.” These questions again targeted the three areas of successful aging in addition to the aspects included in the cosmic dimension of gerotranscendence.

Data Collection Process

After staff distributed flyers (Appendix D) to potential participants, interviews were scheduled with older adults who agreed to participate. The researcher confirmed participants’ ages on the phone prior to scheduling any interviews, as well as in person prior to the beginning of the interview. The researcher went through the consent form

(Appendix E) with participants and had it signed to ensure their understanding of the terms before completing the interview.

Data was collected through audio-recorded interviews with nine participants. Each interview lasted between 15 and 20 minutes. Once the interviews were completed, they were transcribed, analyzed, and coded by the researcher to identify themes. All recorded interviews were destroyed after transcription was completed to protect the identities of each participant.

Data Analysis

The data gathered was analyzed using grounded theory, moving from the specific to the general (Monette, Sullivan, & DeJong, 2011). In analyzing the transcript, the researcher first coded the data – noting specific wording, and then identified general themes based on the codes that were identified. Once at least three separate examples were found, a theme was created (Berg & Lune, 2012). The researcher reviewed the transcript and codes several times to ensure accuracy. The codes and themes that emerged from the data were used to assess how the data illustrated gerotranscendence and successful aging.

After the interviews were coded, the researcher aligned the themes to the dimensions of gerotranscendence in order to understand the following: whether participants were in the developmental stage of gerotranscendence, whether gerotranscendence aligned with the ideas of successful aging, and what the theory of gerotranscendence may not have accounted for.

Findings

This study sought to explore how older adults experience aging in the context of gerotranscendence. This section will begin with a description of those who participated in the study. Two questions were asked at the beginning of each interview regarding changes to spiritual/religious beliefs over time and how participants define successful aging. The answers to these questions will be explored through quotes from the participants. Each of the dimensions of gerotranscendence will then be explored in detail with excerpts in the participants' own words. Finally, participants were given the chance to give advice to social workers who work with older adults. Themes drawn from their advice will be discussed and quotes from the interviews will again be included. Direct quotes from participants will be presented in *italics*.

Description of Participants

Interviews were completed with nine older adults living in a congregate living setting in an urban Midwestern neighborhood. The total sample included two men and seven women (Figure 2). Participants ranged in age between 80 and 89 years old (Figure 3). All nine respondents reported that they were religiously affiliated.

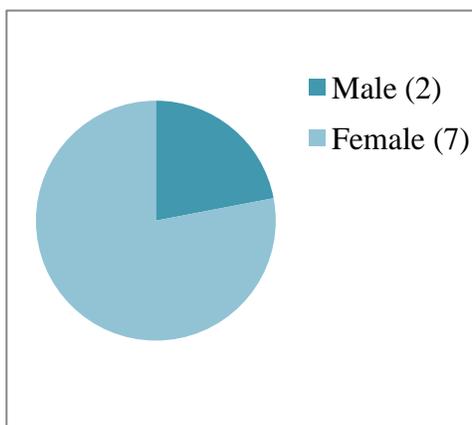


Figure 2: Gender of Participants

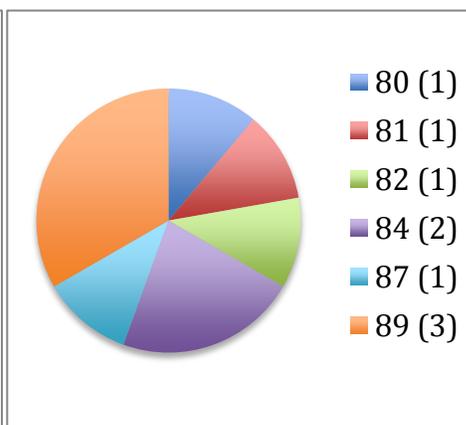


Figure 3: Age of Participants

Spiritual/Religious Beliefs

After being asked whether they identified themselves as spiritual or religious, each participant was asked how their identification as such has changed over time. One participant spoke about leaving the church, getting a degree in theology, and how those experiences affected her as a person: [My beliefs] *changed my life. It opened [me] up... I think for myself.* Another participant said that her identification with her religious beliefs changed a lot over time, and listed several different factors that she believed influenced the changes:

I would say that I am far, far, far more liberal than I was when I was young. Information, getting older, maturing, women's issues, and so forth – living, just plain living.

One participant stated that though her beliefs themselves did not change, the way that she participates and interacts with them did: *I am much more insightful [now], and where I differ in opinion, I speak up.*

Successful Aging

Participants were asked how they would define the term “successful aging.” One participant talked about accepting change as being at the core of successful aging:

[Successful aging] is accepting change, because there is always change. I moved a lot during my lifetime, and you just get to a place and you think, “this is just great”, and then it changes. It's the same with growing older. You wake up one morning and think, “I can't do that anymore.” If you can adjust, you're successful.

Another participant said that peace is a key aspect of the definition of “successful aging”:

For me, the most important thing is a sense of peace about aging, not having regrets about things that you either did or didn't do, and working those things through so that you have peace.

Relationships, according to another participant, were vital to the process of aging successfully:

Keeping up with friends hopefully has been done all through the years so you have a good circle of friends and supporters and people to keep active with.

Later in the interview, the same participant said more about why relationships are so important and why they are essential to aging successfully:

I have a group of friends from high school. There were twelve of us. There are nine left. We have met every month... since we were sophomores in high school. We are very, very close... As the years went by, we got closer... We have been through everything together. This is a real part of my happiness and my contentment in life.

Two participants talked about how they do not feel the way they had expected to earlier in life as a characteristic that is a part of successful aging:

I don't feel any different [now] than I did when I was 70, 60, or 50. I am still very active, and I'm lucky enough to be healthy, so I don't have to change my life very much.

I don't feel old. I feel very young... [Successful aging is] one who doesn't complain about aging like "I'm old and can't do things and I can't get up." I think one should push themselves a bit.

The Self Dimension

Three questions [Appendix F] targeted the self dimension of gerotranscendence, specifically, what gives participants' lives meaning and purpose, how their understanding of life and death has changed, and whether they have learned new things about themselves. Answers given by most participants aligned with the development of this dimension of gerotranscendence.

Meaning and Purpose

Each participant identified at least one thing that continues to give their lives meaning and purpose. Their answers ranged from family, friends, and relationships (n=7) to religion/spirituality (n=4), to involvement and activity (n=3). Continuing to have meaning and purpose in one's life is a characteristic of this dimension that suggests the development of gerotranscendence in the participants.

Most (n=7) participants mentioned that relationships are what give their life meaning and purpose, as demonstrated in the following quotes:

My husband died years ago, but I have children and little grandchildren. It's a great lot to give meaning and purpose to your life. I have a lot of family relationships. I am a people person.

Living with our sisters, although we live [in separate apartments], we do a lot of things together. That's important. That's our family.

Spirituality (n=4) was also associated with meaning and purpose, as illustrated in the following excerpts:

First of all [what gives meaning and purpose] would be my relationship with God, my spirituality. That's very important to me.

I think [what gives meaning and purpose to my life] is basically that I believe in a loving God. God is love.

Another participant summed up why involvement was so vital to meaning and purpose in his life:

Being engaged [gives my life meaning & purpose]... I am on the justice commission, have been for many years, and absolutely love it. I have been able to be the instigator of legislative advocacy, and with that, engaged with the political process, which has been a part of my history. I am very in tune with social justice.

Understanding of Life and Death

Most participants (n=8) reported that their views of life and death have changed over time, which is a hallmark of the self dimension of gerotranscendence. The themes that emerged in their answers included that they no longer fear/dread death (n=5), they embrace/accept the role of death as a part of life (n=5), and that death can be beautiful (n=3).

When asked about how their understanding of life and death has shifted with age, participants talked about a change in their thought processes and understanding:

When I was a little girl, I used to be afraid of death... I am not in the least afraid of dying now. I just think it's the next natural step.

One participant had lost a spouse and reflected on the changes his death brought to her understanding and view of death:

It's a gradual thing. My husband died a year ago and he had Alzheimer's, so he had many deaths up to that point. Again, you have to adjust. I think it's a blessing for many people to die. That [opinion] has changed.

Another participant talked about acceptance when asked how views of life and death were affected with age: *I've learned... to take each day as it comes... It has given me an acceptance of what is.* It is noteworthy that one participant did not note any changes to his perception of either life or death: *I guess I just think about it in an ordinary way... The first thing I look at in the morning paper is the "Irish sport page" – that's the obituary column.*

Learning New Things

Continued growth as an individual is an important aspect of the self dimension of gerotranscendence. All participants reported that they had learned something new about themselves recently. Though their answers varied, the primary theme that emerged was a

change in attitude (n=3), as illustrated by one participant here: *I think I have gotten a little mellower [over time]... I am changing in certain ways, mostly in my thinking. As for the rest of me, what you see is what you get.*

One participant noted that she had learned to appreciate herself more with age: *I think I am getting better [with age]. I tended to be more critical before, and I am less critical now.* Another participant reported that roles had changed with age, and the ending of those roles left room for more freedom:

As an elder, I find myself freer to be the person I want to be, to be the person I think I was originally intended to be. For a long time I was in a role – parent, wife, worker, constantly in a role. I am no longer in that as an elder.

One participant talked about needing solitude as something new she learned about herself since moving from her own home to a community living environment: *I think I've learned that I always thought I was a people person... but since I [moved], I've learned... I do need some private time. That's something new.* Only one participant was unable to name something specific, but noted that she is continually learning new things about herself.

The Social/Personal Relationships Dimension

Two primary questions [Appendix F] focused on the social and personal relationships dimension – how participants view solitude, and how relationships with others have changed. The typical presentation of growth in this dimension for someone in the developmental stage of gerotranscendence would include an increased appreciation for solitude, a focus on meaningful relationships, and breaking away from prior roles.

Solitude

Most participants (n=8) reported a positive view of solitude. The themes that emerged in this area were an enjoyment for solitude (n=6), a connection between solitude and spirituality (n=3), and the necessity of quiet (n=3). Only one participant reported that she does not enjoy solitude, stating that after losing her spouse, she prefers to live life in the company of others.

Most (n=6) participants stated that they enjoy solitude. They discussed several positive aspects of their experiences with solitude as exemplified in these excerpts:

I think [solitude] is wonderful. Solitude is a time when you can sit back and think about what's going on in your life and feel fortunate you've come this far and that you're still able to enjoy the finer things in life.

I enjoy [solitude]. I don't mind it at all. I probably prefer being alone many times.

Being an introvert, I love solitude. I've loved it all my life. In fact, when I was in ministry, I moved farther towards extrovert than I ever had been, but I moved back now into my own comfort zone.

I love [solitude], I really do. I've always been such an active person... but this year especially, I am really enjoying the quietness.

Two participants discussed solitude as being a part of their spirituality:

I am a strong extrovert. I love being with people. Solitude is that quiet time when I, even as an extrovert, run out of gas. I love nature... and probably one of my most treasured times is being able to... be in solidarity with nature. That's where I see God.

I have learned that I really need some solitude. I think it's really important. I told you my spirituality was important to me... the experience [of meditating] is very helpful for me... to sit down and quiet myself – that is solitude... I thirst for that.

Two participants talked about solitude as being connected to their grief, as both had lost a spouse in recent years, as illustrated in the following quote: [I view solitude] as

an opportunity. I think I've experienced solitude even when I'm surrounded by people. Solitude and grief, as much as it is shared with other beloved people... is very lonely, even when many others were around.

Relationships

All participants noted changes in their relationships with others over time. Two primary themes emerged in this area – a change in attitude related to tolerance, honesty, and criticism (n=5), and accepting people as they are (n=4).

Respondents (n=4) talked about acceptance of others as illustrated in the following quotes:

I think I am more tolerant of the foibles and shortcomings and aggravating characteristics of all people... I chuckle to myself because I know they are also existent in me. With a little perspective, [you] don't take yourself or life too seriously.

Don't dwell on stuff that you can't change. Take people as they are, and go from there... If you love God, God loves you, you find God in everybody else, and you're much happier putting it in that perspective.

One participant was quick to sum up the way that their relationships with others had changed over time: *I am far less critical. I accept people for what they are.* Two participants talked more about their relationships changing and being different than they had been earlier in their lives:

[Now that I am older] I don't have to do all of the work. I really think I am the same person and have the same relationships.

I think I enter into relationships now without wondering how somebody is going to perceive me, more peacefully. I used to be afraid of what impression I was making when I was young, or [I used to be] uncomfortable with certain people...

These excerpts illustrate how changes occurred not only in the relationships, but in how many participants themselves had changed over time.

The Cosmic Dimension

The hallmark of the cosmic dimension is existential change. The questions [Appendix F] that targeted this dimension asked participants about their perspective of time and asked them to choose five words to describe their life at the present time. A person experiencing the changes of this dimension would typically have a different view of time than earlier in their life and have a sense of a universal connection to people, nature, spirituality, the past, etc.

Time

Most participants (n=5) reported that time seems to be going much faster than earlier in their lives. They reported a variety of explanations, such as not having enough time to do things, being less conscious of time passing, and having to focus on living one day at a time. These examples show how participants' views of time changed as they have aged:

I've learned over time that many things have to ripen, so I am more patient with time than I was when I was 20.

I treasure each day. I try to write things down, but I try not to be looking ahead. I live today.

One participant talked about how similar each day feels and said that he calls a pre-recorded phone service to find out what day it is, what time it is, and what the weather is like, in order to orient himself every day: *Every day is like Sunday... time just goes whipping by.*

Two participants said that what they accomplish each day has changed with time, as illustrated in the following quotes:

I think that time is going faster and faster and faster and faster... I never have enough time to do the things I want to do. I didn't used to feel like

that, but I do now... Just keeping up with things. I think I have the feeling I don't have enough time to do that. That is something that has changed for me a lot.

Time goes faster and faster and faster. I don't accomplish much in the same space of time as I could when I was younger. I could accomplish more in a day. I don't make big lists of things I am going to accomplish [now], I just put one or two things for the day and if I get them done, I feel satisfied.

Five Words

Nine themes emerged from this prompt. Seven were positive and two were negative. The seven positive themes included *happy* (n=6), *social/active* (n=6), *content/grateful* (n=6), *full/rich* (n=5), *hopeful* (n=4), *spiritual/religious* (n=3), and *comfortable/peaceful* (n=3). The two negative themes were *lonely* (n=2) and *difficult* (n=2). When asked if they would have used the same words to describe themselves in the past, only one participant said they would have chosen the same words. Four participants said they would have used totally different words, and three said some of the words might have stayed the same while others changed.

Advice for Social Workers

The final question in each interview asked participants to share advice they have for social workers who work with older adults. The themes that emerged from the data were to listen; the importance of individuality, dignity, and respect; and acceptance and empathy. Each area will be discussed in more detail below and includes quotes from the participants in italics.

Individuality, Dignity, and Respect

The first theme that surfaced was the importance of social workers respecting older adults as individuals and treating them with dignity. Four participants explained the value of acknowledging these issues when working with older adults:

I think that [social workers] need to give the older person, whether they have some dementia or not, some space to be themselves and to laugh a lot and be happy.

Don't assume that people don't understand because they are old... People think because you are old, you don't have all your marbles. Sometimes I don't, but I don't like it pointed out to me so blatantly.

I really believe the person going into [social work] needs to know themselves, to like people, to enjoy being with people, and need to be respectful of where [older adults] are.

I would say the most important thing is to treat older people with dignity, not to think of them as "old people"... but to look at every single one as an individual, alive. I don't want anyone to think of me as an old lady. I want people to look at me and know my name. I have a life that is as important as the teenagers or the young married people or the little children. I want to just be considered an individual person with my own thoughts and needs and to know that I can still do all kinds of things that I've done all my life.

Listen

The next most common piece of advice that participants had for social workers was to be invested in listening to older adults and their individual thoughts, needs, and ideas. The participants' responses illuminate their thoughts in greater detail:

Learn to listen, and really want to hear.

Be a listener, and do not be full of advice-giving... Probably one of my biggest fears is my kids will start telling me what I should and shouldn't be doing.

I admire social workers because [my husband] was one. He was such a good listener. It's awfully nice to have somebody else give you some direction. A social worker has to be a good listener.

Acceptance and Empathy

A third theme that emerged in the advice participants had for social workers was to accept people where they are and to be empathetic, as exemplified in the following quotes:

From what I have seen, I think social workers are wonderful people. I look at it from the eyes of my bride – she died of a throat condition – we marveled at the love and compassion and patience that social workers have. I think that’s a must – compassion, patience, and putting themselves in the shoes of the person. I think that people that are in social work obviously aren’t in it for the dough. They’re in it for the love of people.

Understand that as one ages and their friends die, there are more lonely moments. I don’t think you should coddle people... encourage them to do things, join groups, meet [people in] other age groups.

The findings of this study illustrate the variety of experiences and needs that older adults have. In light of these results, there are many connections to the literature and implications to be considered in work with this population.

Discussion

The purpose of this qualitative study was to explore the lived aging experience from the perspective of older adults in the context of gerotranscendence and successful aging. The connection between the findings and the literature will be explored, followed by implications for social work practice, policy, research, and education.

Successful Aging

The definition of successful aging used for this study included the ability to cope with changes, to assign purpose or meaning to one’s life, and to objectively evaluate one’s own life and life experiences (Flood, 2009). All nine participants could be categorized as aging successfully as they met each of these criteria and talked about each aspect at great length. Though several participants acknowledged changes to their physical health, they were able to maintain not only a positive outlook, but were able to cope with the changes, and preserve a clear purpose for their life.

Gerotranscendence

Gerotranscendence was created as a way of understanding aging (Gamliel, 2001) that characterizes changes that occur during the aging process as part of a specific developmental stage (Erikson, 1997; Jonson & Magnusson, 2001; Tornstam, 2011). The findings of this study were consistent with the development of each of the dimensions of gerotranscendence, which suggests that participants were experiencing the changes that are characteristic of this developmental stage of life.

The Self Dimension

In the self dimension, the view of self changes – both in the present time, and when viewing the past in retrospect (Tornstam, 2011). Participants in this study identified the ideas of continual individual growth, changes in their views of life and death, and an evolving appreciation for life. These themes are all in line with the self dimension of gerotranscendence.

The Social/Personal Relationships Dimension

The social and personal relationships dimension highlights changes in interactions with others, roles, and personal relationships, as well as views of solitude (Dalby, 2006; Jonson & Magnusson, 2001; Lewin, 2001; Tornstam, 1999; Tornstam, 2011; Wadensten & Carlsson, 2003). Several participants, as illustrated above, reported that they see themselves as less judgmental, more accepting of others, and more open minded. They viewed solitude more positively, and placed a higher value on the quality of their relationships, as opposed to the quantity of relationships. These responses reflect the development of the social/personal dimension of gerotranscendence.

The Cosmic Dimension

The cosmic dimension is characterized by existential changes (Tornstam, 2011). Participants interviewed discussed the importance of connections to others, cited less fear of death, and a deepening connection to spirituality. These ideas are in harmony with development in the cosmic dimension of gerotranscendence.

Implications

Based on the findings of this study, there are several implications for clinical social work to be considered. Specific implications for social work practice, policy, research, and education will be suggested.

Social Work Practice

The findings of this study show a need for a holistic understanding of older adults that includes the physical, mental, and spiritual aspects of a person's life. The presence of gerotranscendence suggests that older adults have needs that go beyond the physical realm, and clinical social workers have a responsibility to address the needs of the whole person by addressing each of the dimensions of gerotranscendence within each person. By empowering older adults to honor all facets of their existence, social workers can decrease vulnerability and help them gain the ability to articulate and take control of their own needs, ultimately adding dignity to their lives (Hyduk & Moxley, 2000). A background in adaptation, well-being, and development in later life is vital to working with older adults (Braam, et al, 2006). An understanding of gerotranscendence and successful aging should also be a foundation for clinical practice with this population. These frameworks offer a guide to understanding the unique, non-physical needs and perspectives of older adults, and should directly influence treatment planning.

Social Work Policy

Clinical social workers focused on aging should be deliberate in developing policies to support older adults in the community, and should provide leadership and advocacy in multi-disciplinary arenas to promote an understanding of gerotranscendence and the diverse needs of both older adults and those who work with them (Silverstone, 2005). Agencies that serve older adults should also have policies in place that acknowledge the development of gerotranscendence, promote learning and education for staff, and encourage interactions with older adults that respect the changes that occur as they age.

Social Work Research

Continued research on gerotranscendence is vital to the development of this theory and its ongoing application to work with older adults. Research to determine the presence of gerotranscendence in non-religious older adults may give further insight into the theory (Dalby, 2006) and provide insight for work with more diverse client groups. Future research should also focus on a variety of cultural, ethnic, and religious groups and use larger sample sizes to enhance the generalizability of the results. Future research should include social workers who work with older adults and potential treatment options that take gerotranscendence into consideration. Research should address the transpersonal exercises suggested by Tornstam (2011) to see if there is validity in practice. Ongoing research should be used to determine whether there are already agencies using the principles of gerotranscendence in practice. Needs assessments should be completed in agencies and communities not already using this theory to determine and address the needs of older adults.

Further research is needed in other areas related to gerontology. Research regarding the economics of aging is pertinent as the current system for medical care and reimbursement for mental health services cannot meet the needs of the burgeoning aging population (Fleming, Evans, & Chutka, 2003). Research in this area would not only benefit older adults, but their families, and many fields including social work, medicine, law, health and wellness, etc.

Social Work Education

There is an urgent need for more educated social work practitioners to work in gerontology. Quality care for older adults requires knowledge of many facets of needs, including frailty, co-morbidities, chronic diseases, medication usage, awareness of social needs, threats to functioning, and typical and atypical presentations of disease (Fleming, Evans, & Chutka, 2003). This includes a need for both cultural and gerontological competencies in education and in practice (Silverstone, 2005). Practitioners in the field of aging need to be trained adequately and have a broad understanding of the needs of both older adults and those who care for them (Simons, Bonifas, & Gammonley, 2011), which should include an understanding of gerotranscendence and successful aging.

Strengths & Limitations

This study has multiple strengths. Because staff identified participants, they were each cognitively able to participate, ensuring that no interviews or results needed to be discarded. By exploring the connections between successful aging and gerotranscendence through interviews, this study's findings created an understanding and exploration of the theory through the voices of older adults themselves, validating the

contribution of older adults to research. This research demonstrates the benefits of further research in regards to gerotranscendence and its role in the aging process.

Due to the exploratory nature of this study, there are several limitations to consider. First, because the interviews were conducted in one faith-based living setting, all participants identified themselves as spiritual or religious, thus there was no diversity in religious background. Second, there was no diversity of race/ethnicity as all participants were European Americans. Third, the small sample size further limits the ability to generalize the findings. Finally, self-selection bias may have been a factor as those most likely to have participated are those who feel they have aged well.

Conclusion

The findings of this study were consistent with prior research on gerotranscendence and confirmed that the development of gerotranscendence in older adults was parallel to successful aging in those who participated in this study. Clinical social workers are facing a veritable tidal wave of older adults who will need care not only for physical ailments, but a plethora of other, less tangible needs. Gerotranscendence provides a well-rounded framework for understanding the last developmental stage of older adulthood. Clinical social workers have both a responsibility and an opportunity to address the needs of the whole person, which will not only contribute positively to quality of life for older adults, but will improve effective, competent practice with this population.

References

- Administration on Aging (2008). A statistical profile of older Americans aged 65+.
- AARP Public Policy Institute (2011)a. Aging in Place: A state survey of livability, policies and practices (A Research Report). Retrieved from <http://assets.aarp.org/rgcenter/ppi/liv-com/aging-in-place-2011-full.pdf>
- AARP Public Policy Institute (2011)b. State housing profiles: Housing conditions and affordability for the older population (3rd ed.). Retrieved from http://assets.aarp.org/rgcenter/ppi/liv-com/AARP_Housing2011_Full.pdf
- Alfini, K. K. (2011). *Experienced social workers' perspectives on aging: Applying the theory of gerotranscendence* (MSW Clinical Research Paper). Retrieved from <http://sophia.stkate.edu>.
- Berg, B. L. & Lune, H. (2012). *Qualitative research methods for the social sciences* (8th ed.). Boston, MA: Pearson Education, Inc.
- Braam, A. W., Bramsen, I., van Tilburg, T. G., van der Ploeg, H. M., & Deeg, D. J. H. (2006). Cosmic transcendence and framework of meaning in life: Patterns among older adults in the Netherlands. *Journal of Gerontology* 61B(3), S121-S128.
- Butler, R. N. (1980). Ageism: A foreword. *Journal of social sciences*, 36(2), 8-11.
- Council on Social Work Education (2008). Facts on aging.
- Dalby, P. (2006). Is there a process of spiritual change or development associated with aging? A critical review of research. *Aging & Mental Health*, 10(1), 4-12.
- DuBois, B. & Miley, K. K. (2005). *Social work: An empowering profession* (5th ed.). Boston, MA: Allyn & Bacon, Inc.
- Erikson, J. M. (1997). *The life cycle completed: Extended version with new chapters on the ninth stage of development*. New York: W. W. Norton & Company, Inc.
- Fleming, K. C., Evans, J. M., & Chutka, D. S. (2003). Caregiver and clinician shortages in an aging nation. *Mayo Clinic Proceedings*, 78, 1026-1038.
- Flood, M. (2009). Successful aging: A concept analysis. *The Journal of Theory Construction & Testing*, 6(2), 105-108.
- Gamliel, T. (2001). A social version of gerotranscendence: A case study. *Journal of Aging and Identity*, 6(2), 105-114.

- Garrido, M. M., Kane, R. L., Kaas, M., & Kane, R. A. (2011). Use of mental health care by community-dwelling older adults. *Journal of American Geriatric Society* 59(1), 50-56.
- Hyduk, C. A. & Moxley, D. P. (2000). Challenges to the implementation of personal advocacy for older adults. *Families in Society*, 81(5), 455-466.
- Iezzoni, L. I. (2010). Multiple chronic conditions and disabilities: Implications for health services research and data demands. *Health Services Research*, 45(5), 1523-1540.
- Iverson, T. N., Larsen, L., & Solem, P. E. (2009). A conceptual analysis of ageism. *Nordic Psychology*, 61(3), 4-22.
- Jönson, H. & Magnusson, J. A. (2001). A new age of old age? Gerotranscendence and the re-enchantment of aging. *Journal of Aging Studies*, 15, 317-331.
- Lewin, F. A. (2001). Gerotranscendence and different cultural settings. *Aging and Society*, 21, 395-415.
- Minnesota State Demographic Center (2007). Minnesota population projections 2005-2035.
- Monette, D. R., Sullivan, T. J., & DeJong, C. R. (2011). *Applied social research: A tool for the human services (8th ed.)*. Belmont, CA: Brooks/Cole.
- NASW (2008). Code of Ethics.
- Richardson, V. E. & Barusch, A. S. (2006). *Gerontological practice for the twenty-first century: A social work perspective*. New York: Columbia University Press.
- Rowe, J. W. & Kahn, R. L. (1998). *Successful aging*. New York: Dell Publishing.
- Silverstone, B. (2005). Social work with the older people of tomorrow: Restoring the person-in-situation. *Families in Society* 86(3), 309-319.
- Simons, K., Bonifas, R., & Gammonley, D. (2011). Commitment of licensed social workers to aging practice. *Health & Social Work* 36(3), 183-195.
- Tornstam, L. (1999). Transcendence in later life. *Generations* 23(4), 10-14.
- Tornstam, L. (2011). Maturing into gerotranscendence. *Journal of Transpersonal Psychology* 43(2), 166-180.
- Wadensten, B. (2006). An analysis of psychosocial theories of ageing and their relevance to practical gerontological nursing in Sweden. *Scandinavian Journal of Caring Sciences* 20, 347-354.

Wadensten, B. & Carlsson, M. (2003). Theory-drive guidelines for practical care of older people, based on theory of gerotranscendence. *Journal of Advanced Nursing* 41(5), 462-470.

Werner, C. A. (2011). The older population: 2010. *2010 Census Briefs*.

Wheeler, D. P. & Giunta, N. (2009). Promoting productive aging. *Health & Social Work* 34(1), 237-239.

Appendix A – AARP Permission Documentation

Ms. Repel,

Per your request, you have permission to use the graph “Percentage of Older Adult Population over Time” found on page three of our publication, “Aging in Place: A State Survey of Livability Policies and Practices,” for your research. If you prefer to use an updated version (2012) of the graph, it is attached. The data source for the 2011 graph is the US Census. However, the data source for the 2012 graph is REMI (Regional Economic Models, Inc.). Please cite the AARP Public Policy Institute in your publication as the research source for both graphs.

Please contact me if you have any questions at sguzman@aarp.org.

Best regards,

Shannon Guzman, LEED Green Associate | Policy Research Sr. Analyst
AARP | Public Policy Institute | Independent Living and Long-Term Care Team
601 E Street, NW | Washington, DC 20049

Appendix B – Aging Theories and Models

Year	Theorist(s)	Theory/Model	Synopsis
1949	Freud	Psychoanalytic Theory	Most of a person's personality, values, and beliefs form during first 5 years of life and are the foundation for later needs and desires
1953	Jung	Individuation	The natural aging process involves increasingly spiritual goals & pursuits, and increased introspection, a turn inward. Older adults become more accepting of self and self-aware.
1961	Cummings & Henry	Disengagement	Inherent tendency to move inward and become self-preoccupied, cutting off roles/bonds as preparation for death to minimize negative effects for others
1963	Erik Erikson	Psychosocial Development	8 stages where a person must resolve a key conflict to develop strengths to progress – final 2 focus on the end of life: Generativity vs. Stagnation and Integrity vs. Despair
1963	Havighurst	Activity	Old/lost roles are replaced with new roles/activities to maintain happiness, value, well-being, etc
1965	Rose	Subcultures of Aged	Older adults are a subculture of greater society and are perceived as having less status than younger age groups
1970s	Habermas, Horkheimer & Adorno, Ovrebo & Minkler	Critical Gerontology	Relation between domination and exploitation and the ways hierarchy, inequality, and oppression are a part of social patterns, especially in later life
1970s	Streib & Schneider, Blau, Rosow	Role Theory	Society is structured around certain roles that create a person's identity, hence, losses of roles and identities cause depression, anxiety, and discontentedness
1971	Riley	Age Stratification/ Aging & Society Paradigm	Age groups share characteristics and demographics and can be understood by understanding the cohort as a whole
1973	Battista & Almond	Relativistic Perspective	Assesses the structure and characteristics of an older adult's process of believing instead of the content of the individual's beliefs.
1973	Kuypers & Bengston, Zusmand	Social Exchange Theory	Interactions at the end of life are a process of exchanges between older people and society – power differential shifts at retirement, the imbalanced exchange causes disempowerment
1989	Atchley	Continuity	Levels of happiness, well-being, satisfaction, etc remain stable for most people regardless of life events – they seek to maintain continuity
1989	Tornstam	Gerotranscendence	A developmental stage in older adulthood with increasing connection to spirituality and mystery in the universe
1990s	Browne, Garner, Hooyman & Gonyea	Feminist Gerontology	The intersection of aging and gender from a life course perspective – seeks to liberate older adults from oppression; strength, diversity, empowerment, and advocacy are vital
1990	Baltes & Baltes	Successful Aging Model	Older adults compensate for losses that occur in later life by selectively using and developing other resources

1993	Carstensen, Gross, Fung, Isaacowitz, Charles, Lang	Socio-emotional Selectivity	As individuals age and become aware of the shortness of life, they emphasize emotion-related goals and interact with those who regulate their emotions to increase well-being
1995	Schaie	Intellectual Development	By the age of 60, everyone experiences a drop in at least 1 of the 5 dimensions of intelligence (verbal meaning, spatial orientation, inductive reasoning, number skills, & word fluency)
1997	Joan Erikson	Gerotranscendence	Older adults experience a 9 th stage of retreat/retirement + a more spiritual perspective
1999	McFadden	Psychosocial Development + Spirituality	Added to Erikson's 7 th stage (Generativity vs. Stagnation) an outward expression of spirituality/religion, and 8 th stage (Integrity vs. Despair) an inward turn including meditation and symbolic connections.
1999	Herzog & Markus	Dynamic System of Self	Multiple selves (past, current, future, etc) contribute to maintaining continuity and identity through adaptation to changes and losses. Older adults have more "selves".
1999	Baltes	Selective Optimization with Compensation	People compensate for age declines with 4 coping factors that enhance resiliency – different possible selves, realistic perspective, shift in priorities, and social comparison.
1999	Baltes & Smith	The 4 th Age	3 rd age 60-80 (young-old) includes compensation for losses, 4 th age 80+ (old-old) includes increased losses and inability to compensate for losses.
1999	Quadagno & Reid, Estes	Political Economy of Aging	Interplay between private and public – society shapes perception of older adults, which affects their own perceptions of self.

This table was compiled with information from:

Braam, et al, 2006; Dalby, 2006; Richardson & Barusch ch2, 2006; Wadensten, 2006

Appendix C – Letter from Cooperating Agency

October 30, 2012

Dr. Carol Kuechler
St. Catherine University
2004 Randolph Ave
200 Fontbonne Hall
St. Paul, MN 55105

Dear Dr. Kuechler,

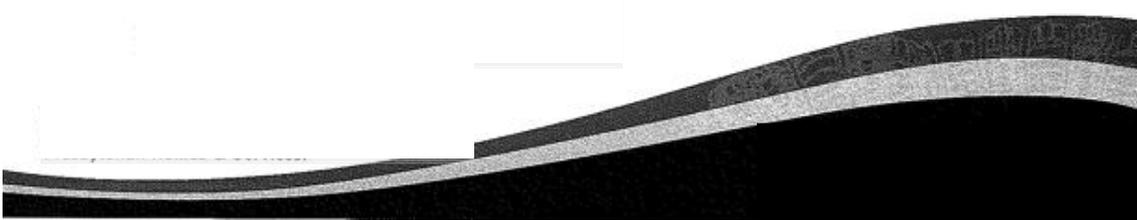
I am writing to acknowledge our organization's support for the clinical research project of Allyson Rempel, being conducted under your supervision. I give Allyson Rempel permission to conduct interviews with 8-10 residents, and agree to assist with recruitment of appropriate participants who are both over the age of 80 and are capable of participating in an interview and giving informed consent. I acknowledge that there are no risks for those who choose to participate.

Upon approval of St. Catherine University's Institutional Review Board, Allyson Rempel will consult with me to identify and recruit participants and begin scheduling interviews. Residents will make their own decisions regarding completion of the interviews, as participation is voluntary. No one at our organization will be informed of who has completed interviews or of the content of the interviews.

The mission of "to enrich the lives of older adults through a faith-based setting that respects diversity of race and culture and honors the dignity of all." By utilizing purposive sampling to identify and recruit participants, I will invite only those who are cognitively able to participate and give informed consent to participate in the research.

I am aware that this research is a part of Allyson Rempel's clinical research paper, which will be published and presented to the public. I understand that there are no anticipated risks or benefits to our residents.

Sincerely,



Appendix D – Participant Invitation Flyer

You are invited...

To participate in the research of a Masters Social Work student

Allyson Rempel, a student at the University of St. Thomas & St. Catherine University School of Social Work, will be conducting 30-45 minute interviews about the aging process. Your information will be kept confidential, and results will be compiled and used to improve social work practice with older adults. Are you over the age of 80 and interested in participating? Contact Allyson to schedule an interview in December 2012 or January 2013.

This research is being completed under the supervision of Dr. Carol Kuechler of St. Catherine University

* All interviews will occur at [REDACTED] *

Allyson Rempel

(XXX) XXX-XXXX

Appendix E – Information and Consent Form

The Lived Experience of Successful Aging Information & Consent

Introduction

You are invited to participate in a research study investigating the aging process and what it means to age well. This study is being conducted by Allyson Rempel, a graduate student at St. Catherine University and the University of St. Thomas School of Social Work under the supervision of Dr. Carol Kuechler, a faculty member at the school. You were selected as a possible participant in this research because of your age and a referral from [REDACTED]. Please read this form and ask questions before you agree to be in the study.

Background Information

The purpose of this study is to understand the aging process from the perspective people like yourself who are at least 80 years old. The goal of this study is to help social workers who may be working with older adults to understand how you think about the aging process. About 10 people will be participating in this study.

Procedures

If you agree to be in this study, you will be asked to do the following:

- Schedule and participate in a one time, approximately 30 to 45 minute, audio-taped interview.
- Agree to this interview being transcribed by the researcher or a transcriber who has signed a confidentiality agreement, and have the findings of the research presented publicly without any indentifying information.

Risks and Benefits of being in the study

There are no known risks or direct benefits for participating in this study.

Confidentiality

The records of this study will be kept confidential, which means that an electronic copy of the transcript will be kept in a password-protected file on the researcher's computer without any of your identifying information attached. The audio-taped recording and signed consent forms will be destroyed by June 1, 2013, after the study is complete.

Voluntary Nature

Your participation in this interview is entirely voluntary. You may skip any questions you do not wish to answer and may stop the interview at any time. Your decision to participate will not affect your current or future relations with St. Catherine University, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time without penalty. If you decide to withdraw, only data collected until that point will be included in the study.

Contacts and Questions

If you have any questions now or later, please feel free to contact me, Allyson Rempel, at [REDACTED], or my faculty advisor, Dr. Carol Kuechler, at (651) 690-6719 or cfkuechler@stkate.edu. You may ask questions now or at any time throughout the process. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher or advisor, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may ask further questions or withdraw from the study at any time.

I have read the above information. My questions have been answered to my satisfaction. I give my consent to participate in the study, to be audio-taped, and to have the findings of this study shared with others without my identifying information attached.

Signature of Participant

Date

Signature of Researcher

Date

Appendix F – Interview Questions

Assurance of Understanding Questions:

- What will be done with your personal information?
- What do you do if you want to end the interview at any time?
- Who do you contact with questions or concerns?

Demographics, etc:

1. What is your gender? [observed only]
2. What is your age?
3. Do you identify with any specific spiritual/religious beliefs?
4. Has that changed? If so, in what ways?
5. How would define “successful aging”?

Self Dimension:

6. What currently gives your life meaning and purpose?
7. How has your understanding of life and death changed as you have aged?
8. Have you learned anything new about yourself recently? If so, what?

Social/Personal Relationships Dimension:

9. How do you view solitude?
10. How have your relationships with others changed as you’ve aged?

Cosmic Dimension:

11. How has your perspective of time changed as you’ve gotten older?
12. Choose five words that describe your life right now.
13. Would have you used these same words to describe your life in the past?

Conclusion:

14. Do you have any advice for social workers who work with older adults?