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Exploring Gerotranscendence and how it relates to Depression and Attitudes about Death

By

Adam Duane Massmann

A Thesis Submitted in Partial Fulfillment of the

Requirements for the Degree of

Master of Science

In

Gerontology

Minnesota State University, Mankato

Mankato, Minnesota

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Exploring Gerotranscendence and how it relates to Depression and Attitudes about Death

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This thesis has been examined and approved by the following members of the thesis committee.

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Abstract

Exploring Gerotranscendence and how it relates to Depression and Attitudes about Death

Adam Duane Massmann, Master of Science in Gerontology, Minnesota State University, Mankato, 2012.

Tornstam's theory of gerotranscendence can be defined as a "shift in meta-perspective from a materialistic and rational view to a more cosmic and transcendent one, normally followed by an increase in life satisfaction" (Tornstam 1989:55). The theory of gerotranscendence, a relatively new theory about aging, is based on a number of previously existing theories all of which in Tornstam's opinion have failed to explain the changes associated with aging.

The current research attempted to identify whether or not the signs of gerotranscendence were generalizable to a moderately sized Southern Minnesota city. The researcher was also interested in whether or not higher levels of depression or greater levels of death anxiety contributed to fewer signs of gerotranscendence. The eight participants of the study were asked questions related to gerotranscendence and also completed a gerotranscendence scale (Cozort 2008) and geriatric depression measure (Yesavage et al. 1983). The interviews were then coded and analyzed.

The participants of the study all exhibited signs of gerotranscendence, albeit in varying degrees. Partly due to the methodology of the research, none of the participants indicated any level of depression, thus making it a nonfactor with regard to the second

research question. Participants also had varying degrees of death related anxiety. Those who accepted death generally had higher degrees of gerotranscendence than those who expressed uncertainty about death and those participants who tried to deny death.

This research study contributes to the understanding of the gerotranscendence theory and all that it has to offer with regard to explaining how the aging individual's behaviors, thoughts and feelings change with age.

Table of Contents

Introduction.....	1
Literature Review.....	4
GEROTRASCENDENCE	4
<i>Parent Theories</i>	5
<i>Meta-Theoretical Shift</i>	12
<i>Zen Buddhism: An Alternative Meta-Theoretical Paradigm</i>	14
<i>What It Means To Be Gerotranscendent</i>	15
<i>The Study of Gerotranscendence</i>	17
<i>The cosmic level</i>	18
<i>The self level</i>	20
<i>The social and personal relations level</i>	22
<i>Gerotranscendence, Age, and Gender</i>	25
<i>Gerotranscendence and Social Activity</i>	26
<i>Gerotranscendence and Life Satisfaction</i>	27
<i>Gerotranscendence and Life Crises</i>	28
<i>Gerotranscendence and Caregiving</i>	30
<i>Criticisms of Gerotranscendence</i>	37
LATE LIFE DEPRESSION	39

<i>Causes of Depression</i>	39
<i>Symptoms of Depression</i>	40
<i>Diagnosis of Depression</i>	42
DEATH ATTITUDES AND THE ELDERLY.....	44
<i>Defining Death Attitudes</i>	45
<i>Fear of death</i>	45
<i>Acceptance of death</i>	45
<i>Characteristics of Fear and Acceptance of Death</i>	46
<i>Coping and Accepting Death</i>	48
Methodology.....	51
PURPOSE	51
<i>Research Questions</i>	51
PARTICIPANTS.....	51
PROCEDURES.....	52
Results.....	53
SOCIO-DEMOGRAPHIC AND HEALTH CHARACTERISTICS	53
SIGNS OF GEROTRASCENDENCE.....	55
<i>Gerotranscendence and Life Crisis</i>	64
<i>Gerotranscendence and Religion and Spirituality</i>	64

GEROTRASCENDENCE SCALE AND DEPRESSION SCALE	66
Discussion.....	73
GEROTRASCENDENCE	73
<i>Cosmic Transcendence</i>	75
<i>Self Transcendence</i>	77
<i>Social and Individual Relations Transcendence</i>	78
DEPRESSION AND GEROTRASCENDENCE.....	79
DEATH ATTITUDES AND GEROTRASCENDENCE	80
Conclusion	83
References.....	85
Appendix A: Informed Consent Form	91
Appendix B: Gerotranscendence Interview Questions	93
Appendix C: Gerotranscendence Scale – Further Revised (GS – RR) (Cozort 2008)	99
Appendix D: Geriatric Depression Scale (Short Form) (Yesavage et al. 1983).....	101

List of Figures

Figure 1: Rubin Vase	13
Figure 2: Guidelines for the Care of the Elderly.....	33

List of Tables

Table 1: Parent Theories of Gerotranscendence.....	11
Table 2: Signs of Gerotranscendence.....	16
Table 3: Symptoms and Signs of Depression in Late Life	41
Table 4: Measures of Gerotranscendence.....	68
Table 5: Measures of Depression.....	71
Table 6: Summary of Results.....	72

Introduction

“I used to feel that I was out on a river being carried away by the stream without being able to control it. Even if I wanted to go ashore I couldn’t control it: I was carried away both from pleasant and unpleasant things. But today I feel like the river. I feel like I’m the river. I feel that I’m part of the flow that contains both the pleasant and the unpleasant things” – Eva (Tornstam 1999a:180).

The opening vignette describes an elderly woman who has reached a new understanding about the world and where and how she fits into that world. Eva’s changed perception has given her the ability to understand her role in the universe. In Tornstam’s opinion, Eva has reached gerotranscendence.

Tornstam defines gerotranscendence as the “shift in meta-perspective from a materialistic and rational view to a more cosmic and transcendent one, normally followed by an increase in life satisfaction” (Tornstam 1989:55). The theory posits that as individuals age, they change the way in which they view themselves and the world. The borders between the past, present, and future begin to lose their abruptness. There is a feeling of oneness with the universe, with oneself, and with mankind. Individuals reaching gerotranscendence become more altruistic and less self-centered and are able to confront their own selves. The gerotranscendent may abandon old roles and take up new ones. There is also a need for greater solitude and meaningful relationships and a decreased fear of death.

Gerotranscendence was developed by the Swedish gerontologist, Lars Tornstam in an attempt to better understand aging and the behaviors exhibited by older individuals. Tornstam felt as if some valuable piece of information was missing with the dismissal of

the disengagement theory and that other theories just could not fully explain the experiences of the elderly.

While much of the current research about gerotranscendence has been completed by Tornstam (1989; 1994; 1996a; 1996b; 1997a; 1997b; 1997c; 1999a; 1999b; 2003), in recent years other researchers have started to note the importance of the theory (Hauge 1998; Jönson & Magnusson 2001; Wadensten 2005; Wadensten & Carlsson 2001; 2003). To date however, there has not been substantial work completed on the generalizability of the theory to other populations.

Based on his research, Tornstam (1994; 1999b) concluded that depression was not synonymous with the signs of gerotranscendence. Both the cosmic level and the self level did not correlate with the depression scale (Tornstam 1994). Instead the signs of cosmic and self gerotranscendence have positively correlated with social activity. Tornstam concludes that cosmic transcendence at least, “. . . is not a condition related to depressive passive withdrawal. On the contrary, cosmic transcendence is positively related to higher social activity and more satisfaction with present life” (Tornstam 2003:17).

The objective of this research study was to explore whether or not gerotranscendent behavior was present in a moderately sized Southern Minnesota city. The researcher was also interested in examining the relationships present between depression and gerotranscendence and death attitudes and gerotranscendence. The research questions were as follows:

1. Is gerotranscendence generalizable to locations with differing demographic qualities?

2. Will elders with greater degrees of self-reported late life depression exhibit fewer gerotranscendent behaviors than those without depression?
3. Do elders with greater levels of self-reported death anxiety exhibit fewer signs of gerotranscendence than those who have lower levels of death anxiety?

Literature Review

GEROTRASCENDENCE

The theory of gerotranscendence suggests that old age is not merely a continuation of midlife, but something different. Tornstam (1996a) argues that old age is very different from midlife and with age comes a new understanding of oneself and of others. Just as the body changes on the outside, so does the inside. New thoughts and ideas appear and change the way one sees the world around themselves. Wisdom appears, for most, and one becomes more cognizant of others and their thoughts and feelings. People may become more reflective on their past and their childhood. They may feel a oneness with the universe and with nature and report a new perception of time, space, and objects. Thoughts and feelings about death may increase in frequency, but fear of death diminishes.

Tornstam (1994) defines gerotranscendence then as “a shift in meta-perspective, from a materialistic and rational vision to a more cosmic and transcendent one, normally followed by an increase in life satisfaction” (p. 203). The most important idea in that definition is the shift in meta-perspective, an idea that will be explained in much greater detail in the proceeding pages.

Tornstam’s theory of gerotranscendence came about as the result of four basic assumptions: our values and society’s values influence all the research that is completed on aging, current gerontological research is based on the values of effectiveness, productivity, and independence which result in our negative view of disengagement, the

current positivist paradigm is reversible, and that gerotranscendence is a natural part of the aging process (Hauge 1998). The new theory attempted to explain aging in a new and relevant way and does so by changing the current paradigm associated with old age.

Tornstam (1992) states,

It might quite possibly be that we – starting from the predominating ontological assumptions within gerontology – carry out research, work, and care that in certain cases are incompatible with the meta-theoretical paradigm that defines reality for individuals who have come far in their individuation process – who have approached a condition of gerotranscendence. Perhaps we force upon elderly people a positivist paradigm that they themselves no longer live in (Tornstam 1992:324).

This new way of explaining aging is different from previous explanations, but perhaps is a truer explanation for it is not influenced by what Moody (1992) calls the “. . . conventional positivism and empiricism long dominate in gerontology” (p. 294).

Parent Theories

The theory of gerotranscendence has several parents. Tornstam read many of the theories and ideas offered up by the scientific community in an attempt to try and understand the experiences of older adults. While some of these theories made an impression on him, he believed that none fully explained the last stage of human life.

Gerotranscendence is defined as qualitatively different from both Erikson’s (1950) “ego-integrity” and Cumming and Henry’s (1961) “disengagement” since it implies a shift in meta-perspective. It is closer to Gutmann’s (1976) concept of “passive and magical mastery,” although it does not have any connotation of an “adaptive” change (Tornstam 1994:203).

Because Tornstam was unable to find a theory that helped explain all the nuances associated with aging, he created his own theory; the theory of gerotranscendence.

Cumming's and Henry's Disengagement Theory

The theory of gerotranscendence chiefly evolved from the highly controversial disengagement theory. When Cumming and Henry first published the theory of disengagement in 1960 and 1961, many individuals disagreed with the basic premise; the premise that disengagement was practiced by both the elder and society in preparation for the elder's exit from this world. Cumming and Henry argued that this was a normal part of aging and that despite the disengagement; the satisfaction of the elderly individual did not diminish. In fact if the elder was engaged or was attempted to be activated, their satisfaction and happiness about life would decrease. This theory was then in direct competition with activity theory, a theory that was widely accepted by most gerontologists. Disengagement theory also, according to Tornstam (1994), "challenged the personal values held by many gerontologists and the views of what reality ought to be like" (p. 205).

It is not surprising then that disengagement theory was met by great disapproval and many attempts were made to disprove the theory or explain the phenomenon in another way. In 1973, Kuypers and Bengtson, taking a model by Zusman (1966), presented the concept of social breakdown syndrome to try and explain disengagement theory. Zusman's original idea stated that the individual's perceptions of themselves negatively interact with their social environment to yield a social breakdown. Kuypers and Bengtson took Zusman's idea and expanded it by presenting a way to reverse the social breakdown between the elder and society. Kuypers' and Bengtson's work

successfully diminished the importance of Cumming's and Henry's work and subsequently most scholars dismissed the disengagement theory.

The start of something new

The overall dismissal of disengagement theory intrigued Tornstam because he felt that some profound thing must have been lost with the death of the theory. This feeling was intensified after a conversation with Tornstam's colleague, Jerzy Piotrowski. Piotrowski, a Polish gerontologist, and Tornstam initially agreed that the disengagement theory did not adequately explain old age, but several years later, Piotrowski changed his mind. When Tornstam asked Piotrowski why he felt that there was some value to the theory, Piotrowski was reported to have said, "The evidence comes from within myself" (Tornstam 1996b:39). The statement by Piotrowski seemed to be the catalyst that spurred Tornstam forward and Tornstam began to study what would later become known as the theory of gerotranscendence.

Peck's Transcendence and Developmental Crises

Tornstam believed that Peck (1968) was trying to describe a part of gerotranscendence with his work on transcendence and the developmental crises during middle and old age. Peck's work describes three crises affecting old age: ego differentiation, body transcendence, and ego transcendence. Ego differentiation referred to the idea that once one stopped working, the healthy solution was to identify oneself, not based on their previous employment, but rather on more important aspects. The second crisis affecting old age, body transcendence, refers to the amount of time spent

thinking about the physical body. Peck indirectly states that with age healthy and normal individuals will not dwell on their body and its ailments, but will transcend the body. Although the body will be taken care of, the person is not obsessed with it. The last crisis faced in old age relates to the ego or self. Peck claims that when faced with one's own death, one should accept one's fate and reorganize one's life and attitudes to live more unselfishly.

Due to a variety of different reasons many individuals are unable to reach the desired ego differentiation, body transcendence, and ego transcendence, and they suffer for it. Peck's definition of 'transcendence' is a bit different from Tornstam's definition. Peck uses the word transcendence as a synonym for overcoming, as in overcoming bodily pains. Tornstam defines transcendence as a change in thinking, a shift from one meta-perspective to another meta-perspective (Tornstam 1994).

Gutmann's Active, Passive, and Magical Mastery

In 1976, Gutmann administered a Thematic Apperception Test (TAT) to young and old men in a variety of different cultural groups; the Navajo Native Americans, lowland and highland Mayan Indians, and Druze people of Syria, Lebanon, and Israel (Tornstam 1989, 1994).

A common theme emerged from the research; "young men demonstrated what is called "active mastery" in their projections of the TAT pictures, while the old men demonstrated "passive mastery" and "magical mastery" (Gutmann 1976). Tornstam (1994) provides an example to illustrate this point, ". . . young men projected more fight and aggressiveness into the pictures, while old men projected more solidarity and

understanding” (p. 206). Gutmann determined that the cause of the passive mastery and magical mastery present in older men differed from culture to culture. Whereas the older Navajo and Mayan men’s passive mastery and magical mastery was a result of social inactivity, the passive mastery and magical mastery of the older Druze people was the result of religious involvement and/or social engagement (Gutmann 1976).

Gutmann’s most significant point comes from his conclusion. He states that the movement toward passive and magical mastery is likely a universal trend across cultures and not related to disengagement. Gutmann (1976) also states:

The case of the Druze shows that the inexorable psychic developments of later life are not necessarily a prelude to social withdrawal and physical death; given a society that recognizes the emerging dispositions, values them, and gives them articulation in a valid role, the so-called passivity of later life can provide the ground for a revival in later life, a kind of social rebirth (p 108).

A culture that is supportive of their elders and respectful of their needs will be better able to help their elders reach the stage of gerotranscendence. Tornstam believes that Gutmann did not go far enough with his research; stopping just short of the needed paradigm shift.

Erikson’s Ego-Integrity

Erikson believed that as one aged, one passed through eight distinct stages, the eighth stage being ego-integrity. According to Erikson, individuals in the last stage reflect back on the life that they have lived and must accept it regardless of how good or bad it may have appeared (Erikson 1950). If one’s life is accepted the individual reaches

wisdom; unaccepted and the individual experiences disgust, contempt, despair and fear of death.

Tornstam (1994) argued that gerotranscendence differs from Erikson's eighth stage of ego integrity in that individuals reaching gerotranscendence do not look back at their life with satisfaction. Individuals instead feel like the old Druze men that Gutmann studied, ". . . they considered themselves as ignorant when they lived in their former meta-world and were reluctant to look back at that immature period" (Tornstam 1989:59). Individuals experiencing gerotranscendence do not look back at their life, but rather look forward into the future with a new sense of self and the world in which they live in.

According to Tornstam (1994) Erikson is vague when defining the term wisdom and may have in fact been describing gerotranscendence with his ego-integrity stage. Tornstam states, "It may be that Erikson, as have others who talk vaguely about wisdom, intuitively has come close to what we here refer to as gerotranscendence, without understanding the meta-theoretical shift of paradigm that one must understand to fully comprehend the meaning of gerotranscendence" (p. 208).¹

The different theories that Tornstam used as a basis for the theory of gerotranscendence are summarized in Table 1.

¹ Interestingly, Erikson's wife Joan later writes about gerotranscendence in her book, *The Life Cycle Completed: Extended Version with New Chapters on the Ninth Stage of Development*. Erikson (1997) states, "To reach for gerotranscendence is to rise above, exceed, outdo, go beyond, independent of the universe and time. It involves surpassing all human knowledge and experience" (p. 127). Erikson indicates a new and greater understanding of herself in old age and attributes these feelings towards transcendence.

Parent Theories of Gerotranscendence

	Original Creator(s)	Basic Premise	Tornstam's View
Disengagement Theory	Cumming and Henry (1960)	The elder and society withdraw from one another in preparation for the elder's demise. Thought to be universal.	The disengagement theory was met with harsh criticism and dismissed by most. Tornstam believed that something valuable was lost when the theory was deserted.
Transcendence and Developmental Crises	Peck (1968)	There are three crises in old age; ego differentiation, body transcendence, and ego transcendence. Those who do not transcend or "overcome" these crises experience fear of death and fixation on the ego.	Tornstam argued that Peck was describing certain aspects of gerotranscendence, but used transcendence to mean "overcoming" and did not indicate a paradigm shift with his theory.
Active and Passive and Magical Mastery	Gutmann (1976)	Men shift from an "active mastery" to a "passive mastery" and "magical mastery" as they age. Inactiveness in late life can lead to social rebirth. Thought to be universal and unrelated to disengagement theory.	Tornstam believed that Gutmann stopped short of the needed paradigm shift. The behavior Gutmann describes is used to master new situations.
Ego-Integrity	Erikson (1950)	Each of us moves through eight distinct stages during our life span with ego-integrity as the last. Those in the eighth stage reflect back on their life and come to terms with it. With acceptance comes wisdom, but without acceptance individuals experience disgust, contempt, despair, and fear of death.	Erikson may have been describing aspects of gerotranscendence with his use of the word wisdom, but he fails, like the others, to recognize the meta-theoretical shift needed to fully understand aging. Tornstam also argues that those reaching gerotranscendence do not look back at life, but rather look to the future with a new sense of self.

Table 1: Parent Theories of Gerotranscendence

Meta-Theoretical Shift

Tornstam (1994) argued that most individuals were unable to see the true value of the disengagement theory because they were viewing the theory as they had viewed other theories in the past: with a positivist meta-theoretical framework. The positivist meta-theoretical framework is one in which the researcher, interested in the behavior of the individual, treats the individual as an object and examines how internal and external forces effect the individual (Tornstam 1989, 1994). In order to see the value of the disengagement theory, one must change the way in which one thinks about research; one must regard the individual not as an object, but rather as an individual. “What is lacking is an understanding of the meaning the individual imparts to engagement or disengagement – not the meaning the gerontologist attributes to the engagement or disengagement” (Tornstam 1994:206).

One might equate this meta-theoretical shift with the classic Rubin Vase, a famous picture where one sees either two faces facing each other or a vase (Figure 1). As one’s perspective changes, the image in the picture seems to change; what was once the background is now the foreground and vice versa (Tornstam 1989).

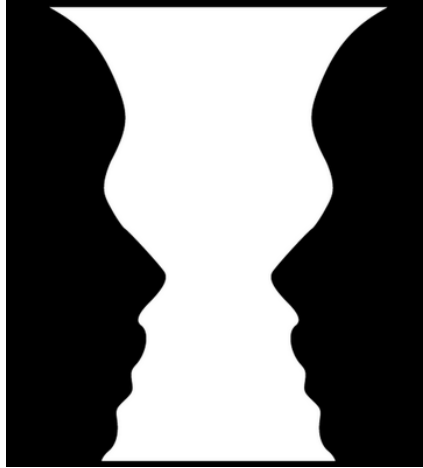


Figure 1: Rubin Vase

Another example illustrating the paradigm shift is the Copernican system. During the medieval period most people believe that the Earth was the center of the universe and all the other planets and the sun revolved around it (the Ptolemaic system). When Copernicus proposed the idea that the sun was actually the center of the system and Earth and all the other planets revolved around it, a radical paradigm shift occurred. “Not only the picture of the cosmic system but all scientific theories were changed by this shift” (Tornstam 1989:57). This avant-garde idea, which changed much of what had been considered to be fact and influenced religion, physics, and astronomy, was so different from what had been normal that Galileo was almost killed when he introduced the new idea. According to Tornstam (1989) the new paradigm shift was necessary because the theories of physics and astronomy needed to comply with the observed reality.

By using the Copernicus example, Tornstam declares the need for a paradigm shift in gerontology. There is a belief at the present time that old age is merely a continuation of middle age with the same values and activities. Tornstam (1996a) argues that old age is different from middle age and that with age comes “a transformation

characterized by new ways of understanding life, activities, oneself and others” (p. 144). Gerotranscendence and some of the theories briefly described above attempt to make this paradigm shift a reality.

Tornstam (1989; 1994) believes that Gutmann’s concept of passive mastery or magical mastery stopped short of a paradigm shift by “. . . creating a dichotomy between disengagement and the universal tendencies of passive and magical mastery” (p. 58; p. 206). According to Tornstam, one needs to stop one’s usual positivist way of thinking and examine the world in the way in which the Zen Buddhist examines the world.

Zen Buddhism: An Alternative Meta-Theoretical Paradigm

Unlike the Westerner’s positivist meta-theoretical paradigm, the Zen Buddhist lives in a cosmic world paradigm. A Westerner, unfamiliar with Buddhism, seeing a Buddhist meditating, might label the Buddhist as disengaged. To the Zen Buddhist, who lives in the cosmic world paradigm, however, meditation would not be viewed as disengagement but rather as transcendence (Tornstam 1989). Zen Buddhists believe the borders in the cosmic world paradigm are not rigid straight lines, but are instead free flowing. The past, present, and future exist simultaneously and there is little discrepancy between subjects and objects. Individual persons are not separate beings, but rather a part of something bigger than themselves.²

² This feeling of being a part of something bigger than oneself is not totally foreign to Western civilizations. The collective unconscious, described by Jung (1959), refers to the mind structures that humans have inherited from their ancestors. These inherited structures allow one to experience a connection to earlier generations. Tornstam (1994) describes the collective unconscious as something with “. . . no borders between individuals, generations, or places” (p. 207).

Imagine a Western world in which one becomes more Zen Buddhist like with age. Although knowing little about transcendence or Zen Buddhism, some of these individuals reach transcendence with age. Certain individuals might even achieve an elevated level of transcendence. These highly transcendent beings may enter into a new meta-theoretical way of thinking, different from the rest of society. Now imagine a group of social gerontologists, unfamiliar with this new cosmic meta-theoretical way of thinking, trying to study the transcendentals. According to Tornstam (1989),

. . . we would end up with a remarkable situation in which researchers with one paradigm try to study individuals who are living according to another one, just as Ptolemy, working from his paradigm, should try to describe and interpret the theories of Copernicus (p. 59).

What It Means To Be Gerotranscendent

One must shift one's perspective from a meta-theoretical perspective to an alternative cosmic perspective to reach gerotranscendence. With a new way of thinking, one experiences life and the world in which he or she lives in a new way. Tornstam (1996b) states:

Typically, the gerotranscendent individual experiences a new understanding of fundamental existential questions – often a feeling of cosmic communion with the spirit of the universe, a redefinition of time, space, and life and death, and a redefinition of the self and relationships to others (p. 42).

The gerotranscendent feels a connection to earlier generations and has a decreased fear of death. They understand that some aspects of life are mysterious and cannot be explained by science. The gerotranscendent also becomes less occupied with themselves and is more selective of their social contacts and activities. Material possessions lose value and time spent reflecting on the past, present, and future increase. Tornstam

describes the signs of gerotranscendence as ontological changes on three different levels: the cosmic level, the self, and the social and individual relations level (1997a; 1999a; 1999b). These signs and their corresponding levels are described in detail in Table 2.

Signs of Gerotranscendence

Level	Signs
The Cosmic Level	<i>Time and space</i> – Definition of time and space changes. For example, a transcendence of the borders between past and present occurs.
	<i>Connection to earlier generations</i> – Increasing attachment. A change from a link to a chain perspective ensues.
	<i>Life and death</i> – Individuals have less fear of death and a new understanding of life and death.
	<i>Mystery in life</i> – The mystery dimension of life is accepted.
	<i>Rejoicing</i> – From grand events to subtle experiences, the joy of experiencing macrocosmos in microcosmos materializes.
The Self Level	<i>Self-confrontation</i> – The discovery of hidden aspects of the self – both good and bad – occurs.
	<i>Decrease of self-centeredness</i> – The removal of self from the center of one’s universe eventuates.
	<i>Development of body transcendence</i> – The care of the body continues, but the individual is not obsessed with it.
	<i>Self-transcendence</i> – A shift occurs from egoism to altruism.
	<i>Rediscovery of the child within</i> – The individual experiences return to and transfiguration of childhood.
	<i>Ego-integrity</i> – The individual realizes that the pieces of life’s jigsaw puzzle form a wholeness.
The Social and Individual Relations Level	<i>Changed meaning and importance of relations</i> – One becomes more selective and less interested in superficial relations, exhibiting an increasing need for solitude.
	<i>Role play</i> – An understanding of the difference between self and role takes place, sometimes with an urge to abandon roles. A new comforting understanding of the necessity of roles in life often results.
	<i>Emancipated innocence</i> – Innocence enhances maturity.
	<i>Modern asceticism</i> – An understanding of the petrifying gravity of wealth and the freedom of “asceticism” develops.
	<i>Everyday wisdom</i> – The difficulty in separating right from wrong and withholding from judgments and giving advice is discerned. Transcendence of the right-wrong duality ensues.

Table 2: Signs of Gerotranscendence (Tornstam 1996b).

Tornstam (1994) believed that gerotranscendence was not culture specific, but that it could be modified by one's culture; Western culture may inhibit individuals from experiencing full gerotranscendence due to the prevailing attitudes that society holds. There is a belief in Western culture that old age is merely a continuation of middle age and that the same interests and activities should apply. When one does not behave in the way that one used to behave, he or she is chastised and may feel guilty about the changes that are going on in themselves. Medical staff, gerontologists, and family members feel the need to activate elders and turn them away from withdrawing into themselves for fear of the unknown (Tornstam 1996b). Elders, too, feel that something is wrong with them if they withdraw from others and contemplate. In Western society, one must be active to be "normal" (Tornstam 1994).

To be gerotranscendent, one must simply live one's life, for gerotranscendence comes naturally from the experiences that one encounters; it is not a result of depression or disease, as some might think to believe (Tornstam 1994; 1999b). The state of gerotranscendence can be hastened or impeded by life crises; indeed some young individuals, especially those facing disease or illness, reach gerotranscendence (Tornstam 1989).

The Study of Gerotranscendence

While earlier studies of gerotranscendence (Tornstam 1989; 1994) focused on the theory's basics and validity, later ones focused on qualitative and quantitative support (Tornstam 1997a; 1999a; Wadensten 2005). Much of the support for the theory of

gerotranscendence is based on 50 individuals between ages 52 and 97 who recognized some aspects of gerotranscendent behavior within themselves after attending a lecture on the subject (Tornstam 1997a; 1999a). Wadensten's (2005) research was based on the introduction of the theory to six older women from a Swedish care center.

The cosmic level

Wadensten (2005) reported that some of the participants in her study experienced shifting borders between the past and present, but others had not and were skeptical that this type of transcendence was possible. Tornstam (1997a; 1999a) stated that although only one third of the participants answered affirmatively to feeling as though they have lived in the past during the present, the majority of those interviewed stated that their childhood has become more real or alive during their later years. An 86 year old woman stated,

You go back to childhood almost daily. It comes without reflection. I talked to a good friend about this. [. . .] We both go back to the town where we grew up [in our thoughts]. [. . .] Childhood means much more than one thinks, I go back to it all the time (Tornstam 1997a:148; 1999a:184).

Along with the renewed feeling of the importance of childhood, a sense of connectedness with earlier generations also presented itself. When the researcher asked individuals about whether or not they felt a connection with earlier generations, most reported a renewed sense of interest in genealogy and others reported feeling as if they were a link in a chain, a genetic chain (Tornstam 1997a; 1999a). The six participants in Wadensten's (2005) research agreed with the sentiment about being connected to an earlier generation.

When the interviewer asked if death was a fearful concept, most of the respondents stated that they did not fear being dead, but dying itself may be fearful, especially if dying involved pain or took an extended period of time (Tornstam 1999a: Wadensten 2005). The decreased fear of death generally came gradually with age, although some individuals reported decreased fear of death after a near death experience.³

Several study participants stated that they recognized the need to accept some things in life that could not be explained by science or reason (Tornstam 1999a). A 71 year old man felt that language may prevent one from fully understanding elements in this world and that nonverbal communication like art and music may allow a new or different understanding to some of life's mysteries. The results from the women in Wadensten's (2005) research were mixed. Some of the participants stated that they had always accepted the mystery in life, whereas others said that this phenomenon only started in old age. Still others had not reflected on this concept before.

Eva, the woman who was quoted in the beginning of this introduction and the one who Tornstam uses as his "poster child" to exemplify what gerotranscendence means, has this to say regarding how her sources of joy have changed throughout her life;

Well, earlier it may have been things like a visit to the theater, a dinner, a trip. I wanted certain things to happen that I was a little excited about. [. . .] My best times [now are] when I sit on the kitchen porch and simply exist, the swallows flying above my head like arrows. Or a spring day like this when I can go to my nettle patch and pick nettles for soup (Tornstam 1999a:181).

³ Tornstam (1999a), states "no matter how people have 'come to terms' with death, our material indicates the great importance this seems to have for gerotranscendence and positive maturation in old age. None of the respondents who either feared death or avoided the question showed any signs of development towards gerotranscendence" (p. 186).

Others have also stated how their sources of joy have changed as they have gotten older (Tornstam 1997a; 1999a; Wadensten 2005). These sources of joy are often related to experiences in nature. Tornstam (1999a) states that one should not assume that the increase in satisfaction from small everyday encounters with nature are a result of decreased possibilities in life, but rather as something with a deeper meaning. A 58 year old man stated, “I see trees, buds, and I see it blossom, and I see how the leaves are coming – I see myself in the leaves” (Tornstam 1997a:150; 1999a:188). The increased significance in nature and the feeling of connectedness with nature may be interpreted as a breakdown of the barrier between the self and the universe, a transcendence (Tornstam 1997a; 1999a).

The self level

Just as the individual had changed in relation to the cosmic level, so too did the individual change in relation to the self level. Participants of the study indicated that they had discovered new information about themselves as they aged (Tornstam 1997a; 1999a). One 72 year old man stated that he thought he had been motivated by compassion and engagement, but later discovered that it was only performance anxiety that drove him (Tornstam 1999a). Other participants described a previously unknown egocentrism earlier in life. The women in Wadensten’s research concluded similarly; with age came new understanding about the life that they had lived.

When the researcher asked the participants if they considered themselves to be important or if they considered themselves to be less important than when they were younger; many said that they had never felt important (Tornstam 1997a; 1999a). Other

individuals felt that the opposite was true; that they considered themselves to be more important than they used to be (Wadensten 2005). Tornstam concluded that the generation studied did not have a degree of self-centeredness/self-importance to transcend, but instead grappled with the proper level of confidence needed for transcendence to take place.

While half of the women stated that they identified the development of body transcendence in themselves, the other half reported that they thought more about their bodies and their illnesses now that they were elderly (Wadensten 2005). Wadensten (2005) attempts to explain this by stating that some women may just be more concerned with their looks than other women are.

According to Tornstam (1999a), as one ages there is a decrease in the level of egoism and an increase in the level of altruism. Many women in the sample indicated that they had always been more altruistic than egotistic. Many men however indicated that there was a shift from egoism to altruism (Tornstam 1999a). Some of Wadensten's participants indicated similar sentiments, but others said that with age came increased self-centeredness, ". . . they thought much more about themselves and did not think and care about others" (Wadensten 2005:385).

One often feels as if one's life is complete or whole when they are older; most individuals in the study agreed with that sentiment (Tornstam 1997a; 1999a). One 62 year old man stated that the feeling of wholeness is varied based on his surroundings. When around other people, this wholeness may disappear, but when by himself he often experiences a coherence of the life that he lived (Tornstam 1999a). Other individuals

expressed similar sentiments and Tornstam adds that solitude and tranquility are necessary for the feeling of completeness with one's life.

The social and personal relations level

When asked about the number of relationships and the level of intimacy with these relationships, participants indicated a preference for fewer, but more meaningful relationships rather than a larger number of more casual acquaintances (Tornstam 1997a; 1999a; Wadensten 2005). An 86 year old woman illustrates the concept very accurately;

I used to dance at the spring ball; I enjoyed it enormously. . . Now a few friends are quite enough, that's for sure. So [now] I have much greater need for solitude. It's striking. It's extremely sufficient to meet and . . ., just a few people, to sit down and talk. [. . .] One doesn't need so many (Tornstam 1997a:151).

Like the individuals that Tornstam interviewed, the six women interviewed by Wadensten also reported that they needed more time alone to reflect (Wadensten 2005). The need for solitude is further exemplified by a 77 year old man's response to the question. He states,

I appreciate solitude more now. You know, you become fed up with company faster. And you feel that a lot of talking is just nonsense. [. . .] You long for home and a good book instead, or to put on a record (Tornstam 1997a:151).

Tornstam (1997a; 1999a) made it clear that these individuals and others like them were not going through a withdrawal, but rather a new way of thinking about their social and personal relationships. "We shed the company and activities that lack content: we become more selective, preferring literature or music, or a few friends. This is not because of a lack of possibilities, but because of choice" (Tornstam 1999a:192).

Another theme explored by Tornstam (1999a) related to social masks. When the participants of the study were asked if they were aware of the role playing or masquerade like interaction with others, most said that they were and that while these masks were beneficial in certain social situations, there was a great sense of freedom when the masks were taken off. Many of those surveyed felt that the removal of the masks was the result of increased self-confidence in their later years (Tornstam 1997a; 1999a). One 60 year old woman stated,

I don't think that older people need to wear masks. It's just so clear that everyone is allowed to be himself [or herself]. I don't have anyone to answer to, it doesn't matter if they think I'm strange. [. . .] I think that's a great relief, you know" (Tornstam 1999a:192).

An emancipated innocence accompanies gerotranscendence. According to one 68 year old woman,

Now I don't care a bit about what people think. [. . .] I dare to go out biking or walking in [X-town] wearing torn stockings, I couldn't do that before. [. . .] Sometimes I think, but I really can't do this, you know . . . but I do it anyway (Tornstam 1997a:151).

According to Tornstam (1997a; 1999a), emancipated innocence refers to a new sense of spontaneity and innocence and allows elders the full expression of oneself to come out. Individuals are no longer afraid to express themselves and they are not embarrassed about not knowing something. It is a sort of freedom that accompanies old age.

It is believed that material possessions inhibit personal and spiritual growth. "The path to wisdom is easier when material needs are transcended" (Tornstam 1999a:194).

Most of the participants in the study stated that material possessions began to lose importance with age. One 57 year old woman began to look at her art collection of the

past 20 years as an inconvenience; one that is only restricting her freedom in later life (Tornstam 1999a). Other individuals reported that they were actively getting rid of the things that they owned. While the premise of modern asceticism was thought to be a good one, some felt that they did not have a choice in the matter. “. . . some considered that it was necessary to live economically because the financial situation is worse when you become older” (Wadensten 2005:385).

The last aspect of the social and personal relationship level that Tornstam explored related to everyday wisdom. When individuals were asked if it were easier to make wise decisions and help others with their decisions, the participants stated that they were able to differentiate between wise and unwise decisions, but it was difficult to “identify the boundary between wise and unwise” (Tornstam 1997a:51; 1999a:194). As a result of the skewed boundary between true and false and wise and unwise, individuals who are reaching or have reached gerotranscendence avoid giving advice to others. An 80 year old woman said,

I guess I used to think that I always made good decisions and gave good advice, too. I have been in a situation where I have had to give a lot of advice. [. . .] I had no problem with it. How is it now? I guess I must say that I avoid giving advice. I suppose that I have learned that what I think is wise for me can be very unwise for others (Tornstam 1997a:152; 1999a:195).

The lack of advice giving can also be thought of as the result of an increased acceptance and open-mindedness for others and their behaviors. A 78 year old man stated, “I guess I used to have strong views of everything, but I don’t today. I understand that it’s not . . . , it is not so simple, it depends” (Tornstam 1997a:153; 1999a:195).

Gerotranscendence, Age, and Gender

Tornstam hypothesized in his 1994 work, “Gerotranscendence: A Theoretical and Empirical Exploration” that as one ages, one’s level of gerotranscendence increases; his research, however did not indicate a correlation between age and degree of gerotranscendence. Tornstam believed that the lack of correlation was due to the study population and methodology. The 912 community dwelling elders participating in the study were mailed questionnaires that asked them to reflect back on their lives and compare their current thoughts and feelings to when they were 50 years old. Tornstam reiterates that while gerotranscendence is more likely to occur in old age, it is non-age specific and can be influenced by life experiences.

Tornstam completed additional studies in an attempt to affirm his hypothesis about gerotranscendence increasing with age. Tornstam completed a random sample by mailing a survey to 3,000 Swedish individuals between the ages of 20 and 85. His results (1997b; 1997c), indicated that cosmic transcendence increased with age for both men and women, but decreased for men after they reached age 75. Women tended to have higher levels of cosmic transcendence than men, especially women who were married or living with a significant other. Likewise on the self level of transcendence, women had higher levels of ego integrity than men, but both men and women showed increased levels with age.

Tornstam replicated his 1997b study in 2003 and obtained interesting results. Women and men both increased in their levels of cosmic transcendence; there was no statistically significant decrease in levels of gerotranscendence in men over age 75.

However, there was a statistically significant decrease in cosmic transcendence for men over age 95 who had experienced a crisis in the previous two year span.

Tornstam also concluded that men's and women's levels of coherence (also known as ego-integrity) increase with age, but men's levels drop temporarily between ages 35 and 44. After age 65, however the coherence levels remain the same for both men and women; the level of coherence is at the maximum at age 65 and then flattens out and decreases after age 95 (Tornstam 1997b; 2003). Divorcees and unmarried survey participants reported lower values of coherence than their married, cohabitating, or widowed counterparts; women also had higher levels of coherence than men (Tornstam 1997b; 2003).

In regard to solitude, there is no significant difference between men and women. Both men and women show a continuous increase in the need for solitude throughout life. The need increases dramatically between the ages of 35 and 44 and continues to remain fairly unwavering (Tornstam 1997b; 2003). For men and women, age 65 plus, the need for solitude continues to increase, but may start to level for men in late life (Tornstam 2003). Married or cohabitating individuals reported needing less solitude than those who were widowed, divorced, or single.

Gerotranscendence and Social Activity

In his studies, Tornstam found a positive correlation between social activity and cosmic gerotranscendence and a positive but not statistically significant correlation between social activity and coherence or ego integrity (1994; 1996b; 1999b). According to Tornstam (1994), if gerotranscendence was associated with withdrawal and

disengagement, one would expect a negative correlation between social activity and gerotranscendence and as this is not the case, one can assume that gerotranscendence is different from the theory of disengagement.

If one believed that the theory of gerotranscendence was the same as the disengagement theory, one would expect that elders reaching high levels of gerotranscendence would have poorer coping skills or use passive or defensive coping patterns. “Instead we find a pattern in which high degrees of gerotranscendence are combined with a more mature coping pattern, including higher levels of coping and more multi-coping” (Tornstam 1994:217).

The level of social activity and gerotranscendence correlated positively with one another in Tornstam’s 2003 research. Tornstam wrote,

This illustrates that gerotranscendence in general and cosmic transcendence in particular, is surely something other than a “disengaged mystic withdrawal,” as was incorrectly suggested. . . This shows clearly that cosmic transcendence is not a condition related to depressive passive withdrawal. On the contrary, cosmic transcendence is positively related to higher social activity and more satisfaction with present life (Tornstam 2003:17).

As another piece of evidence, Tornstam (1997b) stated, “the elderly gerotranscendent individuals in that study (1994) turned out to report higher degrees of self-initiated social activity than individuals with a low degree of gerotranscendence” (p. 30).

Gerotranscendence and Life Satisfaction

When Tornstam studied life satisfaction and how it related to gerotranscendence, he expected to find a positive correlation between life satisfaction and gerotranscendence.

He found conflicting results. His 1994 and 2003 studies supported his hypothesis; the higher the level of gerotranscendence (both cosmic transcendence and coherence), the higher the satisfaction. Tornstam states,

. . . we find a new pattern, in which a high degree of transcendence – especially cosmic transcendence – is related to a higher degree of both life satisfaction and satisfaction with social activity, at the same time as the degree of social activity in itself becomes less essential for the satisfaction at the higher levels of gerotranscendence (1994:219).

Despite the statistically significant results of his 1994 study, Tornstam was unable to find a correlation between life satisfaction and gerotranscendence in his 1997 research (1997b). Tornstam notes that although not significant, there was a positive correlation between coherence (ego-integrity) and life satisfaction.

Tornstam's 2003 research indicated correlations between both coherence and cosmic transcendence with life satisfaction. The correlation between coherence and life satisfaction was especially strong. Tornstam also found that solitude was negatively correlated with life satisfaction; those who were least satisfied with life required the most amount of solitude (2003). Tornstam added, however, “the need for solitude dimension seems to be unrelated to satisfaction with present life when other probable predictors are controlled for” (2003:16).

Gerotranscendence and Life Crises

As previously noted, Tornstam believed that gerotranscendence could be accelerated or decelerated by life crises. He likens the life crisis to the “kinetic energy that makes the development towards gerotranscendence accelerate” (Tornstam

1999a:197). In his 1994 study, 22 percent of the survey population had experienced a life crisis in the year prior to the data collection. When these individuals were compared to their counterparts, those who had experienced the life crisis had higher levels of cosmic gerotranscendence.

In other studies, Tornstam reported that those who have experienced a life crisis experienced greater levels of cosmic transcendence, but lower levels of coherence (1997b; 1997c). Interestingly, this correlation appeared to decrease with age (Tornstam 1997c). Tornstam hypothesized that crises experienced in old age had less power to influence cosmic transcendence. Tornstam (1997c) states, “When young, a crisis in life reduces the feeling of coherence considerably. When old, a crisis in life does not seem to reduce the feeling of coherence to the same degree” (p. 130).

The need for solitude increases after experiencing a crisis. However, according to Tornstam (1997c), the need does not increase very much when compared to the solitude needs of those who did not experience a crisis. Tornstam reported, “only for two age categories did this difference reach statistical significance: age 25-34 and age 65-74” (1997c:126). It was the men in these two age groups that needed more time for solitude after experiencing a crisis.

Tornstam (1999a) argued that experiencing life crises makes one question one’s basic assumptions about life and then replaces those assumptions with new ones. Experiencing crises also makes one realize that death is imminent and that one is always able to change their life; it is never too late (Tornstam 1999a).

Gerotranscendence and Caregiving

As Tornstam has mentioned previously, “old age is not a mere continuation of the activity patterns, definitions and values of mid-life, but, rather, something different: a transformation characterized by new ways of understanding life, ‘activities’, oneself and others” (1996a:144). The theory of gerotranscendence understands the process of aging and the changes that accompany aging and therefore provides new ways in which those who work with elders may approach caregiving. There have been several studies that have examined how gerotranscendence might be used to better understand age related changes and how to approach care for those reaching gerotranscendence.

Those who work with the elderly often notice signs of gerotranscendence that indicate the validity of at least part of the disengagement theory. Staff members at long term care facilities often report conflicted feelings about “activating” residents.

They [the staff] sustained that activity is good, but they nevertheless confessed feelings that they were doing something wrong when they tried to drag old people to various forms of social activity or activity therapy. They felt that they were trespassing on something they rather ought to respect and leave alone (Tornstam 1989:57).

Current gerontological care is based on the activity theory; activity and social interaction are normal and expected. Individuals are considered abnormal if they are not active or engaged.

Wadensten and Carlsson (2001) were interested in seeing if nursing staff were able to recognize gerotranscendent behavior in the elders that they cared for. The sample was made up of 34 nursing staff from both the community and a nursing home ward.

Wadensten and Carlsson (2001) indicate that all staff members recognized some signs of

gerotranscendence in their caregiving duties. The nursing staff categorized the signs of gerotranscendence as pathological, invisible (noticed by only a few or none of the staff), or normal aging signs.

Pathological signs of gerotranscendence included such things as; emancipated innocence, changed perception of time and space, rejoicing, and changed meaning and importance of relations. Elders who showed signs of living in more than one time or space at a time and those who showed emancipated innocence were considered to be demented or confused. The staff felt sympathy for those who rejoiced in small or subtle experiences and those who withdrew from activities were viewed as depressed or bitter (Wadensten & Carlsson 2001).

Invisible signs of gerotranscendence included such things as ego integrity, decrease of self-centeredness, self-confrontation, and everyday wisdom. Very few or none of the nursing staff recognized these signs of gerotranscendence. In fact some of the staff members indicated that the elders they cared for were more self-centered than others and that they were more likely to give advice than others.

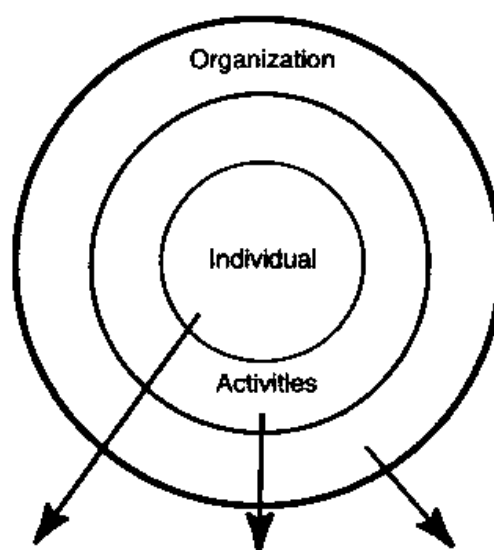
Nursing staff indicated that the following signs of gerotranscendence were considered normal: rediscovery of the child within, mystery in life, life and death, connection to earlier generations, body transcendence, and modern asceticism. Nursing staff thought that elders who accepted the mystery in life and those with decreased fear of death were likely more religious than others or because of age accepted things for what they were. Staff thought that elders who showed minimal interest in material possessions were satisfied with the things that they had or that they were from the generation that cared little of material goods.

Wadensten and Carlsson (2001) believed that the nursing staff came to these conclusions because they were only familiar with the activity theory of aging; there was no knowledge of the gerotranscendence theory. They recommended that nursing staff be familiarized with the theory so that instead of impeding the process of gerotranscendence they could encourage it.

Two years later, Wadensten and Carlsson published another paper in an attempt to provide guidelines for elderly caregivers. Their research participants were divided into three groups; group one had no experience caring for the elderly, group two was composed of caregiving staff, but not those who had previously cared for the elderly, and the third group was composed of individuals with previous gerontological caregiving experience. After presenting the individuals with materials detailing the theory of gerotranscendence, individuals were asked to “suggest what actions and components of care could promote development towards gerotranscendence or what might constitute good care for people already approaching gerotranscendence” (Wadensten & Carlsson 2003:465).

Seven themes emerged from the research and these seven themes were then categorized into three different levels; individual, activity, and organization (see Figure 2). On the individual level, Wadensten and Carlsson (2003) suggest that caregivers accept the elders’ gerotranscendent behavior as normal. They should not try to correct the elders’ behavior or interfere with the process of transcendence. Caregivers should not focus on the elders’ health or ask how the elder feels; this just inhibits the process of transcendence. Those caring for the elderly should also allow the elder to have alternative time definitions; they should not always orientate the elder to the present, but

instead ask them about the past. Elders should also be permitted to speak freely about death and dying and caregivers should listen to these conversations. Caregivers should also choose topics that spur the elder toward growth and gerotranscendence.



Focus on the Individual

- Accept the signs of gerotranscendence as normal
- Reduce preoccupation with the body
- Allow an alternative definition of time
- Allow conversations and thoughts about death
- Choose topics of conversation that facilitate and further the older person's personal growth

Focus on Activities

- Create and introduce new types of activities

Focus on Organization

- Encourage and facilitate quiet and peaceful places and times

Figure 2: Guidelines for the Care of the Elderly (Wadensten & Carlsson 2003)

On the activity level, Wadensten and Carlsson (2003) suggest that caregivers introduce the theory of gerotranscendence to those they care for and engage in reminiscence. The caregiver should also allow the elder to decide for themselves if they want to join in activities or if they would prefer to be alone; they should not cajole the

person if it is obvious that they do not want to participate in an activity. Caregivers should also talk about the benefits of meditation and how it can help with transcendence.

The third level, organization, refers to the encouragement of peaceful and quiet places (Wadensten & Carlsson 2003). It is recommended that caregivers provide quiet moments during the day for the elders to reflect; elders should also be given a choice of whether or not they wish to be left alone in their rooms.

Tornstam and Törnqvist (2000) interviewed nine nurses and five aids who worked in a Swedish service house catering to the elderly. The researchers asked the 14 participants if they were aware of certain gerotranscendent behaviors in the residents that they cared for. Results indicated that all 14 of the participants noticed the transcendence of time, the increased need for solitude, the rejoicing in small events, the rediscovery of the child within, a connection with earlier generations, and ego integrity among the residents that they cared for.

The nursing staff believed that when an elder exhibited an alternative transcendence of time, the elder was experiencing confusion or symptoms of dementia; Wadensten and Carlsson (2001) came to the same conclusion. Thirteen of the 14 participants associated the increased solitude desires of the elderly as negatively. The participants described activity and social interaction as desirable in all ages. With regard to rejoicing in small events, Tornstam and Törnqvist (2000) stated, “these interviewees understood this shift in causes of joy – from the great to the small – as something problematic, as a sign of unintentional loneliness and isolation” (p. 22). All 14 of the participants confirmed that the elderly often talked about their childhood and that the elderly were likely to talk about their generational connections. This reminiscence was

thought to be positive; the elder was working on putting their life in order. When elders told stories about their lives, the staff felt that the elders were trying to make sense of their life; the majority of the nursing staff considered those who did not tell stories about their lives to be bitter or dissatisfied with their lives.

Ten of the 14 staff members felt that elders were less interested in material possessions because they did not have much life left; the staff members viewed modern asceticism negatively. Less than half of the 14 participants recognized unselfish behavior in the elderly, most believed that the elderly were quite selfish. Those that considered the elderly to be less selfish believed the unselfishness related to passivity (Tornstam & Törnqvist 2000). Only about one third of the participants noticed that the elderly were unafraid of death. Even fewer participants noticed such things as self-confrontation, body transcendence, or everyday wisdom.

Tornstam and Törnqvist (2000) hypothesized that the reason the nursing staff did not recognize some of the signs of gerotranscendence was because the staff “had no readiness to observe them” (p. 27). The researchers also state that when gerotranscendent behaviors were noticed, most of the staff related the sign(s) to pathology or to the activity theory. Tornstam and Törnqvist (2000) and Wadensten and Carlsson (2001; 2003) are in agreement that the theory of gerotranscendence needs to be introduced to those who care for the aged.

Tornstam (1996a) introduced the theory of gerotranscendence to 100 medical personnel who were caring for the elderly to determine whether or not gerotranscendence influenced the staff’s understanding of their care receivers and their approach to caregiving.

According to Tornstam (1996a), about three quarters (73 percent) of those surveyed understood the theory of gerotranscendence; generally those with higher education and those working in the community or in old age homes and group dwellings understood the theory more than those with lesser degrees of education or those working in nursing homes. A similar number of individuals (72 percent) believed that the theory had a basis in reality. When asked if gerotranscendence had influenced the staff's feelings about their own old age, only 22 percent of participants indicated that it had positively affected their views on aging and old age.

Tornstam (1996a) believed that "theoretically, care recipient behavior earlier understood as negative withdrawal, signs of depression, or just unintelligible behavior, might acquire new, more positive meanings in the light of the theory" (p. 147). Indeed 47 percent of the staff stated that the theory of gerotranscendence had provided greater understanding into one or more care receiver's behavior(s). Staff members reported that they understood the need for solitude and the differences between their value system and the elder's value systems. Thirty three percent of the staff reported that they had changed the way in which they care for the elderly. According to Tornstam,

Qualitatively these changes were described in this way: 'less nagging about activities'; 'listening to care recipients' wishes more than before'; 'thinking more about care recipients' integrity'; 'allowing the care recipients to be by themselves'; 'not imposing my own needs on care recipients' (1996a:148).

Tornstam (1996a), Tornstam and Törnqvist (2000), and Wadensten and Carlsson (2001; 2003) all urge that the theory of gerotranscendence be taught to those working with the aged, so caregivers are familiar with the signs of gerotranscendence and can help the elderly reach gerotranscendence. Wadensten (2005) adds that the elderly themselves

should talk about the theory with others and share how their experiences relate.

Tornstam (1996a) concurs with this suggestion and states that the elderly and their caregivers should talk about the theory together and learn from one another.

Criticisms of Gerotranscendence

Because of the newness and unfamiliarity of the gerotranscendence theory, there are several criticisms of the theory. Hauge (1998) states that the biggest and most critical flaw of the theory is the lack of a clear definition for what gerotranscendence really is, it is only defined as a shift from a rational/materialistic meta-perspective to a cosmic/transcendent one (Tornstam 1994). Jönson and Magnusson (2001) find the theory of gerotranscendence to be empirically weak due to the conflicting results of the current studies. They also add that when the expected results of the gerotranscendence studies are not found, the discrepancies are explained away by methodology or some other factor.

While Tornstam (1992) suggests that one uses anthropological or philosophical approaches to explain and measure the theory of gerotranscendence, some of his research is based on the survey methodology; a puzzlement to Hauge (1998) and Jönson and Magnusson (2001) as Tornstam has harshly criticized using empirical approaches to measure gerotranscendence. “Having a phenomenological theoretical ambition but failing to make a break with the methods of the positivist paradigm, gerotranscendence theory in practice becomes suspended in between” (Jönson & Magnusson 2001:324).

Both Hauge (1998) and Jönson and Magnusson (2001), question Tornstam’s introduction of Eastern religion into his theory of gerotranscendence. Jönson and

Magnusson (2001) believe that Tornstam uses the discussion about Zen Buddhism in his theory to compare our Western world with something unfamiliar and foreign to us, but also add that the theory does have a basis in Eastern philosophy. Tornstam's attempt to make a more positive theory about aging is based partly on Jung's idea of the collective unconscious, a collaborator of a Buddhist scholar in the field of psychoanalysis. Because Jung's ideas, and Peck's too, are based on Buddhism, so too are some aspects of Tornstam's theory of gerotranscendence. Despite this connection, Hauge (1998) wonders why Tornstam does not look at Western religion as well. Hauge (1998) states, "perhaps many of the people in the West would have felt more familiar with Tornstam's ideas if he had based his theory on Christian philosophy."

While Hauge (1998) applauds Tornstam's theory as it relates to nursing and care of the elderly because it may prove to explain certain behaviors that are present in this population, Jönson and Magnusson (2001) are more cautious about it. Jönson and Magnusson (2001) state, ". . . 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).

Other critics of Tornstam's theory of gerotranscendence hypothesize that gerotranscendence may be the result of depression, mental illness, or a result of drugs. According to Tornstam (1994), "the old age depression scale does not correlate with either cosmic transcendence or ego transcendence" (p. 221). Gerotranscendence also does not correlate with the use of pharmaceuticals or with neurotic symptoms (Tornstam 1994).

LATE LIFE DEPRESSION

The last act of life is not always its merriest. Responsibilities may be diminished, expectations may be few. The children are away, sometimes far away; friends expire; many lose their partner. The body has become less reliable, and physical appearances may have become less appealing. The credit balance of one's life accomplishments may, in retrospect, seem small. Feelings of self-deprecation may flourish under such conditions and feelings of emptiness and boredom may arise, with life reduced to little more than waiting for death to come (van Praage 1996:ix).

While the opening paragraph may paint a particularly gloomy picture of aging, this is the reality for some elderly individuals: a life of depression. Depression is a relatively common condition for those over the age of 65. Many researchers believe that roughly 15 percent of those over the age of 65 experience depressive symptoms (Blazer 2002; Gottfries 2001). However, there are varying reports and it is difficult to get an accurate number as the disorder often goes unreported or misdiagnosed.

Causes of Depression

With age, neurotransmitters, serotonin and noradrenaline show reduced functioning. These neurotransmitters are responsible for emotional well-being and with decreased function may account for late life depression (Gottfries 2001). Other hormones also show decreased functioning with age and may make the body more susceptible to stress which in turn may lead to depression (Blazer 2002). Further brain changes, like abnormalities of the amygdala or hippocampus may also precondition one toward depression in late life as both structures relate to emotion (Alexopoulos 2005; Blazer 2002). Genetics may also play a part in late life depression. According to Blazer

(2002), several studies have shown a relationship between late life depression and heredity.

Another cause of late life depression may be related to diet. Vitamin B12 and folate are essential to the nervous system and deficiencies lead to depressive symptoms, including forgetfulness, insomnia, irritability and tiredness (Gottfries 2001).

Other factors contributing to depression in late life include chronic diseases, psychosocial hardship and the elder's environment (Alexopoulos 2005; Karel et al. 2002). Depression often coincides with chronic medical conditions. According to Gottfries (2001), up to 60 percent of those who suffered a cerebrovascular accident experience depression during the two years following the event. Many of those who have experienced cardiovascular disease also exhibit signs of depression (Alexopoulos 2005). Individuals with dementia are also likely to experience depressive symptoms.

Karel et al. (2002) and Blazer (2002) report that women are at a higher risk of depression than men, not just in old age, but throughout the life cycle. "Race does not appear to be a strong predictor but limited educational background and chronic financial strain do" (Karel et al. 2002:28).

Symptoms of Depression

It is often difficult to diagnose depression, because many of the symptoms are associated with what is considered normal aging. The depressed individual may experience fatigue, reduced libido, insomnia, and thoughts about dying; all symptoms that may be associated with growing older (Katona 2000). However, depression is real; indeed the most common symptom described is sadness (dysphoria) (Blazer 2002). For a

detailed list of depressive symptoms that might be experienced by the elder in late life depression see Table 3.

Symptoms and Signs of Depression in Late Life

Symptom	Observable Signs
Emotional Dejected mood or sadness Decreased life satisfaction Loss of interest Impulse to cry Irritability Emptiness Fearfulness Uselessness Worry Helplessness Hopelessness Sense of failure Loneliness Negative feelings toward self	Appearance Stooped posture Sad face Uncooperativeness Social withdrawal Hostility Suspiciousness Confusion and clouding of the consciousness Diurnal variation of mood Drooling (in severe cases) Unkempt appearance Occasional ulcerations of skin from picking Crying or whining Bowel impaction Occasional ulcerations of cornea from decreased blinking Weight loss
Cognitive Low self-esteem Pessimism Self-blame Rumination about problems Suicidal thoughts Delusions Of uselessness Of unforgivable behavior Nihilistic Somatic Hallucinatory Auditory Visual Kinesthetic Doubt of values and beliefs Difficult concentrating Poor memory	Psychomotor retardation Slowed speech Slowed movements Gestures minimized Shuffling slow gait Mutism (severe cases) Cessation of mastication and swallowing (severe cases) Decreased or inhibited blinking (severe cases) Psychomotor agitation Continued motor activity Wringing of hands Picking of skin Pacing Restless sleep Grasping others

Physical Loss of appetite Fatigability Sleep disturbance Initial insomnia Terminal insomnia Frequent awakenings Constipation Loss of libido Pain Restlessness Volitional Loss of motivation or paralysis of will Suicidal impulses Desire to withdraw socially	Bizarre or inappropriate behavior Suicidal gestures Negativism, such as refusal to eat or drink and stiffness Outbursts of aggression Falling backward
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Table 3: Symptoms and Signs of Depression in Late Life (Blazer 2002)

The preceding table illustrates the different signs and symptoms of late life depression. Blazer (2002), states that the older individual generally experiences less of the cognitive and emotional symptoms, but more vegetative symptoms of depression. Compared to a younger individual, the depressed elder may show more difficulty concentrating and a greater loss of appetite. Suicidal thoughts are also generally experienced less for older people (Blazer 2002). Blazer (2002) states that the similarities between younger individuals experiencing depression and older individuals experiencing depression are greater than the differences.

Diagnosis of Depression

As mentioned previously, late life depression is often misdiagnosed or goes unreported. Benek-Higgins et al. (2008) reported that many elderly individuals do not

seek assistance with their depression, because they may identify depression negatively or feel as if a diagnosis will limit their independence or lead to drastic negative changes in their lifestyle. The cost of seeking help is also detrimental for some older individuals. Other elders may feel as if depression is just a normal part of the aging process and that they are just supposed to live with the depressive feelings (Karel et al. 2002; Katona 2000). There are three main types of depression; major depression, minor depression, and dysthymia.

Major depression

To be diagnosed with major depression the individual must experience five or more of the following symptoms: depressed mood, diminished interest, loss of pleasure in all or most activities, a 5 percent weight loss or gain, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue, feelings of worthlessness or guilt, trouble concentrating, repeated thoughts of death or suicide (American Psychiatric Association 1987:222-223). One of the symptoms necessary for diagnosis must be depressed mood or anhedonia (loss of pleasure or interest). The symptoms must also be present for more than two weeks, interfere with normal functioning, and be unrelated to bereavement, medication or a medical issue.

Other signs of late life major depression may include such things as decreased bone density, an increase in the levels of cortisol, higher risk of diabetes and high blood pressure, problems with mental functioning, and concentration (Alexopoulos 2005).

Minor depression

Minor depression is diagnosed if the individual experiences any two of the major depression symptoms, but less than five. To be diagnosed, the individual must experience the symptoms for at least two weeks; experience impaired functioning and not be experiencing bereavement, medical issues, or interactions from drugs or medications (American Psychiatric Association 1987:223).

Dysthymia

It is often difficult to differentiate between minor depression and dysthymia, but generally dysthymia can be identified as a “long-lasting chronic disturbance of mood that lasts for 2 years or longer” (Blazer 2002:277). Alexopoulos (2005) adds that individuals suffering from dysthymia typically experience more sad days than other days and also experience two major depression symptoms.

DEATH ATTITUDES AND THE ELDERLY

Waking at four to soundless dark, I stare.
 In time the curtain-edges will grow light.
 Till then I see what's really always there:
 Unresting death, a whole day nearer now,
 Making all thought impossible but how
 And where and when I shall myself die.
 Arid interrogation: yet the dread
 Of dying, and being dead,
 Flashes afresh to hold and horrify. . . .
 (Larkin 1977).

Most would consider the person that Larkin pens about in his poem, *Aubade*, to be afraid of death. Death seems to have a hold on this individual; he/she fears it and dreads

it. While this is one type of death attitude experienced by elderly individuals, other elders experience death in different ways. Some accept it and others may view it as something that just happens. Regardless of the positivity, neutrality, or negativity of death attitudes, it is a real emotion. Larkin's poem also reminds us that death is always "a whole day nearer." We cannot escape death, but must learn to accept it or risk dwelling on it.

Defining Death Attitudes

Fear of death

In the beginning, fear of death was considered one concept and researchers gathering data about death fears determined if the population being studied was either afraid of death or not afraid of death. Cicirelli (1999; 2003), stated that after some time, individual researchers started viewing the fear of death as multidimensional, but there was disagreement as to which dimensions should be included. Cicirelli (2003) adds, ". . . the most central ones involve a fear of nonexistence and what if anything lies beyond, a fear of dying, a fear of the destruction of the corporeal body, and the fear for loved ones" (p. 66).

Acceptance of death

There are three basic types of death acceptance: neutral acceptance, approach acceptance, and escape acceptance (Gesser, Wong, & Reker 1987; Wong, Reker, & Gesser 1994; Wong 2000). Those with a neutral acceptance of death do not fear death, nor do they welcome death; they just accept it and view it as a part of life. These people

are indifferent (Wong et al. 1994). Those believing in the afterlife probably have an approach acceptance of death. For the person with the third type of death acceptance, escape acceptance, death is a welcome relief from pain, suffering, and misery. To put it another way, “. . . in escape acceptance the positive attitude toward death is based not on the inherent ‘goodness’ of death, but on the ‘badness’ of living” (Wong et al. 1994:127).

Characteristics of Fear and Acceptance of Death

Death attitudes vary from person to person and are influenced by many different things. Throughout the years researchers have studied various ideas and theories in order to determine which population(s) is the most afraid of death and which population(s) view death with acceptance.

Age

According to Neimeyer and Van Brunt (1995), little was known about differences in death anxiety and age until Kalish’s (1977), research. Kalish (1977), interviewed 400 residents living in some of California’s ethnic communities. About 10 percent of the elders interviewed indicated that they feared death, a much smaller percentage than middle-aged people (25 percent feared death), and young people (40 percent feared death). Robinson and Wood (1984), Thorson and Powell (1994), and Fortner and Neimeyer (1999), conducted studies with similar results.

Thorson and Powell (1994) observed that younger individuals had different sources of death anxiety than older individuals. Younger people were more afraid of

things like decomposition, pain, isolation, and helplessness whereas older people were more afraid of such things as loss of control and whether or not there was an afterlife.

Gender

Wong, Reker, and Gesser (1994) and Fortner and Neimeyer (1999), discovered that men and women did not differ in their levels of death anxiety, but other researchers have found support of one kind or another. To explain the conflicting results, Wong et al. (1994) supposed that men may be more hesitant to talk about death and dying and avoid it, while women are more open about discussing the topic. However, this remains to be seen. Fortner and Neimeyer (1999) believe that poor methodology may also be to blame.

Health

Very little was known about the relationship between health and death attitudes, before the late 1980s. Researchers Robinson and Wood (1984) did not find any differences in death attitudes between individuals with varying degrees of health.

However, Viney (1984), did find significant differences in her study about death anxiety and health. Those who were severely ill indicated a greater concern about death than those who were not ill. Those going in for surgery experienced higher degrees of death anxiety than other patients and those who were acutely ill experienced more death related fears than those who were chronically ill.

Fortner and Neimeyer (1999) confirmed that elders with more physical and psychological problems had higher levels of death anxiety than others. Daaleman and

Dobbs (2010) also found a relationship between health and fear of death. Those who reported more depression or anxiety had greater fears of death than those who did not.

Religious and spiritual beliefs

While Thorson's and Powell's (1990) and Neimeyer's and Van Brunt's (1995) research suggest that those with higher levels of religious beliefs have less fear of death, Fortner and Neimeyer (1999) failed to find any such relationship. "One possibility is that the elderly cohort is relatively uniform on religious variables, restricting the variation of religiosity needed to correlate with varying levels of death anxiety" (Fortner & Neimeyer 1999:404).

Neimeyer and Van Brunt (1995), suggested that religious beliefs or intrinsic religiosity (belief in the afterlife, faith in God, etc.) can predict lower levels of death anxiety, but religious behaviors or external religiosity (attending church, the frequency of bible study, etc.) do not. Indeed, Thorson and Powell (1990) have found that individuals with an intrinsic religiosity have less fear of death.

Coping and Accepting Death

Although there is some belief that the elderly population fears death less than other populations, there are conflicting results. Cicirelli (2003) briefly explains some of the coping methods used by elders to come to terms with his or her own deaths. His research indicated that many elders feared death and used varying techniques to cope with that fear.

Some elders used denial and suppression to deal with their fears of death. One woman in the study stated, “I wouldn’t be frightened if I didn’t think about it. You shouldn’t think about it. I don’t think it is productive to think about that sort of thing” (Cicirelli 2003:74). This woman’s statement about suppressing her fears helps alleviate death anxiety until she is ready to deal with it.

Others in the study found comfort in religion. Cicirelli (2003) provides numerous quotations from his research participants, and they all basically state the same sentiment; God is there and He will take care of me. I need not worry about death with God there.

Still others coped with death by having close relationships with others. Some participants in Cicirelli’s (2003) research indicated that their time was short and that they wished to be closer to their loved ones. One man stated, “Death getting closer increases my appreciation for my family” (Cicirelli 2003:74).

To cope with death some use a problem focused method. These individuals take some control over their death by planning their funerals, dividing their assets, and preparing their loved ones for their death. Cicirelli (2003) reported a man as saying, “I’ve made all my funeral arrangements with my two sons. I’ve disposed of my property as well as I can” (p. 75).

Elders may also cope with their impending death with generativity (giving something to future generations). Cicirelli (2003) reports that by giving something to future generations, the individual gains a “symbolic immortality and thus exerts some control over death” (p. 75).

Another way that elders may deal with death is through cognitive reorganization. Elders coping with death this way look at death as a release from life. Death may end

pain or be a grand adventure. Other elders view death as a natural part of life and as a part of the universe (Cicarelli 2003).

Methodology

PURPOSE

The purpose of this research was to explore whether or not gerotranscendent behavior was present in elders who resided in a moderately sized Southern Minnesota city. Additionally the researcher was interested in exploring how late life depression and death attitudes relate to gerotranscendence and the process of becoming gerotranscendent.

Research Questions

The following research questions will be addressed:

1. Is gerotranscendence generalizable to locations with differing demographic qualities?
2. Will elders with greater degrees of self-reported late life depression exhibit fewer gerotranscendent behaviors than those without depression?
3. Do elders with greater levels of self-reported death anxiety exhibit fewer signs of gerotranscendence than those who have lower levels of death anxiety?

PARTICIPANTS

The research presented here was based on interviews with eight individuals from a moderately sized Southern Minnesota city and smaller surrounding communities.

Participants, six women and two men, were age 75 or older and non-demented. All

participants had responded to an ad in the local senior center's newsletter or to a sign posted at the senior center. The researcher contacted those who had expressed interest in the project and arranged a time to interview the participant. All interviews were completed at the aforementioned senior center, the participant's home, or at a public place.

PROCEDURES

After each individual had consented and assented to be interviewed (Appendix A), the researcher asked a number of socio-demographic questions and a series of questions related to gerotranscendence (included with these questions were several about the participant's thoughts on their own death) (Appendix B). The Gerotranscendence Scale – Further Revised (GS – RR) (Cozort 2008) and the Geriatric Depression Scale (Yesavage et al. 1983) were also administered to the participants (see Appendices C and D respectively). Each of the interviews was tape recorded and was between approximately 30 minutes to 1 hour and 20 minutes. After completion of the interviews, the tape recordings were transcribed by a graduate student and then coded and analyzed by the researcher and an undergraduate who was assisting in the project. All the procedures described were approved by the Institutional Review Board prior to the beginning of the study.

Results

SOCIO-DEMOGRAPHIC AND HEALTH CHARACTERISTICS

As previously noted, of the eight participants in this study, six were female and two were male. Most of the participants were of European descent, although one was of Asian descent and one did not indicate an ethnicity. The participants differed in their income levels, but all owned their own homes. About half of the participants had previously worked in a health related career. Of the eight participants, only one was employed part time. All the participants had completed some education after high school and three had a post undergraduate degree. The participants of this study ranged in age from 76 to 86 years of age and all but one lived in the moderately sized Southern Minnesota city; one woman lived in smaller neighboring community. All eight of the participants stated that they had spent some or most of their lives living in the Midwest in and around Minnesota, Wisconsin, Iowa, or Illinois.

Participants reported varying levels of health. Most thought that their health was excellent or good, but a few believed themselves to be in fair health. The majority of the participants were dealing with between one and four chronic conditions, but one man stated that he suffered from 10 chronic conditions. Half of the participants stated that their health impacted their social activity levels and the participants also varied in their reporting of their friends' health status. Just two of the eight individuals reported participating in prayer groups for those who were ill, and none of the participants were aware of being the recipient of a prayer group.

The researcher was also interested in the participant's responses to questions related to depression. The participants were asked if they had been feeling down or blue more frequently in the past two weeks. Five participants reported no feelings of frequent sadness over the last two weeks, but three indicated that they had. The sadness, however, did not seem to be getting worse for the three participants.

When the researcher asked if the participants felt as if they were less interested in previously enjoyed activities, three stated their agreement. The other five indicated no less interest in activities previously enjoyed. The three who were less interested in previous activities felt that this had occurred in the last two to four years. When the researcher asked the participants why they thought they lost interest in previously enjoyed activities, Jerry, 86, responded,

. . . it isn't that I don't try, I used to be able to sit for hours at a time [reading]. It was almost my substitute for engaging with other people. Now that I engage with people more, it isn't that I don't feel I need it, but I start to read and my eyes get heavy and I go to sleep. I can't get through more than 10 pages at a time. I don't remember the last time I finished reading a book. This is very painful to me because it is such a radical break from my past.

Dorothy, 86 years old, and Doris, 84 years old, felt that their loss of interest was associated with a change in health. Dorothy indicated that her physical disabilities limited her activities and Doris stated that her recent heart attack led to a loss of previously enjoyed activities.

Four participants reported extreme states of depression at one time or another in their life. The duration of the extreme state of depression varied from one day to an unknown amount of time. None of the participants in the study, however, had ever been diagnosed with major depression or a mental health disorder although Jerry reported that

he sought counseling for depression several times in his life and that he takes an antidepressant.

SIGNS OF GEROTRASCENDENCE

Time and Space and Rediscovery of the Child Within

The participants of the study were asked if they found themselves reflecting on their childhood more often as they aged. Fifty percent of the respondents stated that they had experienced an increased reflection on their childhood with age, although just two of the four who reported thinking that way felt as if the memories were vivid. Dorothy stated, "I can see them [childhood memories] in my mind." Those who reported reflecting on their childhood considered the memories to be mainly positive. Jerry stated that childhood was "a time of great innocence."

Connection with Earlier Generations

All six of the women in the study indicated a feeling of connectivity between themselves and earlier generations and reported that they thought about their deceased family members often. When asked if she felt a connection with previous generations Shirley, age 79, stated,

Yes, and sometimes I wonder what they are doing, because I believe we live after our spirit goes, so I sometimes wonder where they are because I don't think they are just laying in the grave there. . . I believe in spirit and life after death.

Five of the eight participants reported an increased interest in genealogy with age.

Life and Death

The researcher asked the participants the following question, “what are your thoughts and feelings about your own death?” Three of the eight participants indicated their acceptance of death, two of the participants reported not thinking about death, and three indicated some uncertainty about it. Lois, age 79, stated, “I am perfectly fine with it. The sooner the better.” Marie, age 83, added,

I don't know if I am scared, because I just don't know what it is. You know? And umm, watching some of the patients dying, well at least some of them are relieving their pain and their suffering, so in a way, that's the way it goes. . .

Five participants reportedly did not think about death at all, two reported thinking about death on a weekly basis and one abstained from answering the question.

The responses were mixed when the participants were asked if their thoughts and feelings about death had changed as they had gotten older. Three participants indicated that thoughts about death became more frequent with age, one reported feeling different emotions about death with age, two reported no changes in thoughts about death, and two stated yes, but gave no further information. Shirley stated that she does not think about death often, but the topic recently came up when her son brought over some papers that needed to be signed. She stated that she is ready for death, but would like to live longer for her family's sake; she has prepared for it though by prearranging her funeral.

Participants gave different responses when asked to explain what death meant to them. Eighty six year old Jerry stated, “It [death] means oblivion, permanent unconsciousness.” Dorothy responded to the question in the following way, “I really don't know, I think, I am spiritual enough to think I will go to heaven.”

Rejoicing

Participants were asked what brought them joy or happiness in their life at the present time. The most frequent response was family, followed by hobbies or interests and then pets. Three participants stated that the things that brought them pleasure have changed as they have gotten older, two said that they had stayed the same, two stated that their limitations kept them from doing the things they once enjoyed and one said yes, but did not elaborate. The researcher asked the participants if they had noticed experiencing joy from the small or everyday items in their lives and all but one replied that they had.

Jerry stated,

Not particularly when I am here, when I am home, but when Steve and I go out to the lake, it is very different. The change of environment seems to transform me. I become aware of things that I am not even remotely aware of here. The singing of the birds, the lake water, the winds flowing through the trees, these are things that I am not at all conscious of in my own home here.

Six of the eight participants indicated a belief in something bigger than themselves.

Self-Confrontation

With gerotranscendence comes self-confrontation, or the realization of unseen personal traits. All the participants indicated that they had learned something new about themselves as they grew older; four of the participants considered the new things learned to be positive and four considered them to be both positive and negative. Lois remarked, "I have found that I can sew better than I thought I could. I found I could work a lot harder than I ever thought I could at this age." Shirley adds,

I am overly sensitive . . . if I think I said something that hurts others, it is upsetting to me. I will talk to them about it and they haven't even given it any thought. I have a concern about what people think. It's, I wish I could overcome that. If I see someone and they don't smile or speak I wonder, gee what did I do?

All eight of the participants reported feeling more confident about themselves than they had when they were younger.

Self-Transcendence and Decrease of Self-Centeredness

Seven of the eight participants indicated that with age they became more concerned about other people and one believed there to be no change. When the researcher asked the participants if they were more or less likely to do something for someone else, five believed themselves to be more likely, two believed that they would be less likely, and one believed there to be no change on the likelihood of doing something for someone else. Seventy six year old Richard felt that he was more concerned with others:

. . . Okay, when you are talking about others we have two groups, we have the collective group and we have the individuals. . . I am quite concerned with the collective. I see all sorts of signs. There is a general denial of reality and that is not a good sign. Individuals, I guess I am a liberal and yes, I care about people getting stepped on. I am concerned about our environment being stepped on.

Jerry added, "I am much more concerned, I pride myself on that! I tell lies to keep from hurting people."

Participants of the research study were asked if they felt more or less concerned with themselves in their later years. Three participants stated they were more concerned with themselves in old age, while four stated that they were less concerned, and one did not feel as if she was any more or less concerned with herself now versus when she was

younger. Six of the eight participants stated that they began to understand people better as they aged, one believed it was more difficult to understand others and one believed that this aspect had not changed over time.

Ego-Integrity

Each participant was asked if their life made sense to them or if it seemed complete. Two individuals stated that their life did not seem to make sense to them, but the majority of the respondents believed their life was whole. There were some individuals who questioned whether or not they had made the right life choices, but most people stated that life's pieces all seemed to have a place. Seventy seven year old Arlene said, "Ahh sometimes when I think about it, I could do more, and that's probably what I am trying to do now, is to make it more complete, while I'm still here." Marie stated,

I don't question that [the wholeness or completeness of life], so I don't really know what it means. I think individually one can never get to the point of whole. . . Some do probably and if they do they are very very fortunate people. I am not to that point yet.

Half of the participants reported reflecting back on their life and trying to put their life story together, two said they did not reflect back on their life and two said that they did not spend time putting their life story together because they could not change what happened.

All the participants concluded that they were mainly satisfied with their life and how it turned out or that they had completed what they wished to do, although some of the participants questioned certain aspects of their life. Jerry said, "For the most part I am satisfied, there are some things I don't understand, but that is the way life is!"

Changed Meaning and Importance of Relations

To understand the relationship changes that occur with aging, the participants were asked how their social life had changed over time. Three individuals indicated that there had been no changes over time, but four felt that there were fewer social contacts accompanying old age. One individual stated that he had more social contacts. Marie, age 83, responded to the question with these words, “[my social life has changed] a great deal, I hardly go out. I lost my friends, one after another they go. So when I count the list now, at least I have two.” Doris echoes those words with her response,

. . . I tell people I have three kinds of friends: dead, moved away to be with their families so they are three, five, ten states away, or they have Alzheimer’s disease and when I go to visit them they say, ‘am I supposed to know you?’

Three participants reported being more selective with whom they socialized with, but five believed that they were neither more particular nor less particular about the people they associated with. Doris stated, “. . . yes I probably am [pickier], if there is a characteristic that I really can’t stand, I just don’t seek them out anymore.” When asked about the frequency of socialization, five of the eight stated that they socialized less, but not by choice. Two participants thought that they socialized more than when they were younger and one believed that he socialized less by choice. Three of the eight indicated satisfaction with their number of current social contacts, but the majority were not satisfied with the number of social contacts that were in their life. When the researcher asked the participants how many social contacts per week they estimated having, the

results varied greatly. Three indicated “a lot,” but most stated three to four or four to five. One man claimed to have a few hundred contacts each week.

The researcher also asked the participants if they found time alone to be more or less enjoyable as they aged. Five participants stated that they found time alone to be both enjoyable and lonelier; two stated that time alone was more enjoyable, and one felt that it was lonelier. Three stated seeking time alone and six stated that they enjoyed time alone. One failed to respond to the question and one stated that he did not enjoy spending time alone. Five of the eight participants stated that it depended on the circumstances when asked if they felt less interested in being around others; three stated that they enjoyed being around others. When the researcher asked the participants if they felt happier being with others or being alone, six individuals felt that it varied and two felt that they were happier when they were with others. Only two of the eight participants believed that having fewer contacts had been their choice; four stated that it had been out of their control and two responded that they did not have fewer social contacts in their later years.

Emancipated Innocence

To see whether or not the participants showed any increased signs of emancipated innocence with age, the researcher asked them if they felt freer to express their thoughts and ideas without worrying about judgment from others. The results were mixed. Fifty percent of the respondents indicated that they did not feel freer to express themselves, and 50 percent felt that they were less self-conscious or less fearful of judgment from others. Lois, age 79, responded to the question by saying, “You bet! That’s one nice

thing about growing old, they can just say ‘don’t pay any attention to her, look at how old she is,’ I love it!” Marie had this to say with regards to speaking her mind,

Now I feel, well if they want to say something they can. My husband said well you shouldn’t say that, but I held it in long enough, so I like to speak whatever I think. And if they can’t stand listening to it, that’s it.

Individuals were also asked if they took themselves as seriously as they always had. Four indicated that they took themselves less seriously and three felt that they were more serious with age. One concluded that this depended or was unsure about how to answer the question.

Role Play

When asked about whether or not they were concerned with prestige or social status, all eight responded negatively. Lois stated,

I couldn’t care less, my family keeps bugging me to get a new car, I drive a 1995 and it is in good shape . . . they keep saying oh grandma, it’s so old. So far I haven’t found anyone that I need to impress, so I will keep it for now.

Dorothy, age 86 also found that she did not have to impress people as she aged.

When asked if she thought she was less serious now as compared to when she was younger, Dorothy stated, “. . . I think I am less serious about myself. When you are young, you have to keep up with your friends and there are certain standards you try to meet.”

Modern Asceticism

According to Tornstam the path to gerotranscendence is easier when material possessions do not get in the way. Six of the eight participants believed material possessions to be less important as they aged. Two believed that it depended on the thing in question. All the women in the study reported that they were actively getting rid of things, but the two men did not.

Everyday Wisdom

Seven of the eight participants believed it was easier to make smart/wise decisions during their later years. One was unsure about whether making wise decision was easier or harder. The researcher also asked the participants if they believed themselves to be more or less certain about what is right and what is wrong. Four participants felt that it was easier to distinguish right from wrong, and three felt that they were less certain about right and wrong; one was not sure. Richard stated, "I have a certain amount of certainty. Although some of that is right or wrong for whom? . . ." Six of the eight participants felt that they were more tolerant of the faults and flaws of other people as they aged and two stated that they were less tolerant of other's flaws. Arlene, age 77, stated that she was trying to be more accepting of others' faults, because she had her own flaws.

The researcher also asked the participants about their open-mindedness. Five indicated feeling as if they were more open-minded now as compared to when they were younger and three were not sure or always felt as if they were open-minded. To further understand the everyday wisdom piece of Tornstam's theory of gerotranscendence, participants were asked if they enjoyed giving advice or if they preferred not to give it.

Four participants stated that they will give advice when asked, but will not otherwise.

Two indicated that they enjoyed advising others and two preferred not to give any advice to anyone.

Gerotranscendence and Life Crisis

Because Tornstam felt that crises in life accelerate the level of gerotranscendence, the researcher asked the participants if they had ever experienced an event that they considered to be a life crisis. Six of the eight individuals felt that they had experienced a situation in their life worthy of being called a crisis and five of those six stated that they relied on religion or spirituality to cope with the event. Lois stated, "I have had some horrible things in my life and without my faith, I couldn't have made it." Other coping methods used included reliance on family or friends or having a positive attitude about life.

Gerotranscendence and Religion and Spirituality

Tornstam's interest in examining Eastern religion and spirituality and its connection with gerotranscendence inspired the next section of questions. Participants were asked if they considered themselves to be religious or spiritual and what each meant to them. Seven of the eight participants indicated some level of religiosity or spirituality. Five of the eight participants considered religion to be more structured and involving specific symbols or rituals and spirituality to mean a connection with something bigger than oneself or a feeling of oneness. The other three felt as if spirituality and religion were the same thing. Five participants stated that they had always been religious or

spiritual and two said that this came later with age. Marie talks about an experience she had in a movie theater when she was in high school. She stated,

. . . I went to the auditorium place and I watched and all of a sudden, I don't know who did it, how they did it or why, I just humbled myself, and that wasn't the way that I was. I knew there was a power stronger than I am and since then, I think that is what I rely on, I don't know how to explain it.

Shirley also mentions an experience that she had when she was in her twenties and dealing with a relationship issue. She states, “. . . as I walked to work, all of a sudden, I looked up at the sky and God was telling me it was going to be okay. It was just a special feeling in my heart.”

Seven of the eight participants indicated that their family was in some way religious or spiritual. Jerry stated,

I was raised in a religious household. My education leads me to agnosticism; I chose agnosticism because I am a little bit afraid to admit I am an atheist. I want to leave myself a little loophole just in case. . .

Two of the eight participants reported freely discussing their ideas about spirituality and/or religion with others, but the majority stated that they did not discuss their personal beliefs about the topic with others at all or if they did they only did when they were asked about it.

All but one of the participants attended church while growing up and the researcher asked the participants if they still attended church. Five of the eight stated that they did, but the frequency of attendance varied greatly. One woman reported going to church every day, two reported going once or twice a week, one said she only goes on special occasions and one said that he rarely goes and not so much for the actual service,

but for the socialization. All but one of the participants stated that they had access to religious services if they desired them. The one who did not have access to services stated that her health was the reason she did not/could not go. Three of the eight participants indicated that they were non-religious or that they were agnostic. One stated that she was Catholic, one that she was Lutheran, one that she belonged to the Congregational church, one was Presbyterian, and one said that she belonged to the Jesus Christ of Latter Day Saints church. All the women of the study indicated that they engaged in certain spiritual or religious rituals (prayer or meditation); the men stated that they did not. One woman stated that she prayed occasionally, one prayed four to five times a week, one said that she prayed three to four times a week, two said they prayed or meditated every day and one said she prayed multiple times a day.

GEROTRASCENDENCE SCALE AND DEPRESSION SCALE

After the researcher had asked the participants the socio-demographic and gerotranscendence questions, the gerotranscendence scale and depression scale were administered. As can be seen from the gerotranscendence scale, the research participants varied on their degree of gerotranscendence (Table 4). Out of a possible 75 points, 79 year old Lois, with a score of 61, and 86 year old Dorothy, with a score of 55, had the highest levels of gerotranscendence on the gerotranscendence scale. Jerry, age 86, scored the lowest with a score of 40. Other participants scored highly in certain dimensions of gerotranscendence; Shirley's score of 25 in the cosmic transcendence dimension of gerotranscendence matched Lois' score.

The researcher also administered a geriatric depression scale to the participants to measure their level of depression. None of the participants scored high enough to be considered depressed. With a score of zero, Arlene had the lowest score on the scale, indicating no signs of depression. Dorothy's score of three, while still falling in the normal range, was the highest. See Table 5 for more in-depth information regarding the participant's level or lack thereof of depression.

Gerotranscendence Scale – Further Revised (GS – RR)

Please indicate how well each statement below agrees with your own personal experiences and feelings by stating whether you strongly agree, agree, disagree, or strongly disagree. Higher scores indicate higher levels of gerotranscendence.

	Lois Age 79	Arlene Age 77	Marie Age 83	Doris Age 84	Shirley Age 79	Dorothy Age 86	Richard Age 76	Jerry Age 86
Cosmic Transcendence								
I feel a connection with earlier generations	Strongly Agree	Agree	Agree	Agree	Agree	Agree	Agree	Disagree
Knowing that life on earth will continue after my death is more important than my individual life	Strongly Agree	Agree	Agree	Agree	Strongly Agree	Agree	Strongly Agree	Disagree
I feel a part of the entire universe	Disagree	Agree	Strongly Agree	Agree	Agree	Agree	Agree	Strongly Agree
I feel that I am a part of all God's Creations	Strongly Agree	Strongly Agree	Strongly Agree	Agree	Strongly Agree	Agree	Agree	Disagree
I have less fear of death now than when I was younger	Strongly Agree	Agree	Agree	Agree	Agree	Agree	Disagree	
Some things that happen in life cannot be explained by logic and science and need to be accepted by faith	Strongly Agree	Agree	Strongly Agree	Agree	Strongly Agree	Agree	Disagree	Disagree
It is important to me that life on earth continues after my death	Strongly Agree	Agree	Agree	Agree	Strongly Agree	Strongly Agree	Disagree	Agree
Sometimes I feel like I live in the past and present at the same time	Disagree	Agree	Strongly Agree	Disagree	Agree	Agree	Disagree	Agree
I can feel the presence of people who are elsewhere	Agree	Agree	Agree	Agree	Agree	Disagree	Disagree	Disagree
I am interested in finding out about my family tree	Strongly Agree	Agree	Agree	Agree	Strongly Agree	Strongly Agree	Agree	Disagree

Total Cosmic Transcendence Score	25/30	21/30	24/30	19/30	25/30	21/30	16/30	13/30
Coherence								
The life I have lived has meaning	Strongly Agree	Agree	Agree	Agree	Strongly Agree	Agree	Agree	Agree
I like my life the way it is	Strongly Agree	Agree	Disagree	Agree	Agree	Strongly Agree	Agree	Agree
I do not take myself very seriously	Agree	Disagree	Strongly Agree	Disagree	Disagree	Agree	Agree	Agree
I do not think I am the most important thing in the world	Strongly Agree	Agree	Agree	Agree	Agree	Strongly Agree	Agree	Strongly Agree
I find it easy to laugh at myself	Strongly Agree	Agree	Agree	Agree	Agree	Agree	Agree	Agree
Dividing life into men's roles and women's roles does not matter much to me	Strongly Agree	Agree	Agree	Disagree	Disagree	Agree	Agree	Agree
Total Coherence Score	17/18	11/18	12/18	10/18	11/18	14/18	12/18	13/18
Solitude								
I like meeting new people less now than when I was younger	Disagree	Disagree	Disagree	Disagree	Disagree	Agree	Strongly Disagree	Strongly Disagree
At times I like to be by myself better than being with others	Agree	Agree	Agree	Agree	Agree	Strongly Agree	Agree	Strongly Disagree
I do not need something going on all the time in order to feel good	Strongly Agree	Agree	Agree	Agree	Agree	Strongly Agree	Strongly Agree	Agree
I am not as quick to give other people advice as when I was younger	Disagree	Disagree	Agree	Agree	Agree	Agree	Strongly Agree	Disagree
Quiet meditation is important for my well-being	Strongly Agree	Strongly Agree	Agree	Agree	Agree	Disagree	Disagree	Agree
I am not quick to criticize other people's behavior	Disagree	Agree	Agree	Agree	Disagree	Agree	Disagree	Agree

I am comfortable asking questions in front of others	Agree	Agree	Agree	Disagree	Agree	Agree	Strongly Agree	Disagree
Having material possessions is not among the most important things in my life right now	Strongly Agree	Agree	Strongly Agree	Agree	Agree	Strongly Agree	Agree	Strongly Agree
Other things are more important to me right now than work and activity	Strongly Agree	Disagree	Agree	Agree	Disagree	Agree	Disagree	Strongly Agree
Total Solitude Score	19/27	16/27	18/27	16/27	15/27	20/27	16/27	14/27
Total Gerotranscendence Score	61/75	48/75	54/75	45/75	51/75	55/75	44/75	40/75

Table 4: Measures of Gerotranscendence (Cozort 2008)

Geriatric Depression Scale (Short Form)

Instructions: Choose the best answer (yes or no) for how you felt over the past week. A total score of 0 – 5 is normal. A score above five suggests depression.

	Lois Age 79	Arlene Age 77	Marie Age 83	Doris Age 84	Shirley Age 79	Dorothy Age 86	Richard Age 76	Jerry Age 86
Are you basically satisfied with your life?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Have you dropped many of your activities and interests?	No	No	Yes	Yes	No	Yes	No	No
Do you feel that your life is empty?	No	No	No	No	No	No	No	No
Do you often get bored?	No	No	No	No	No	No	No	Yes
Are you in good spirits most of the time?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Are you afraid that something bad is going to happen to you?	No	No	No	No	No	No	No	No
Do you feel happy most of the time?	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Do you often feel helpless?	No	No	No	No	No	No	No	Yes
Do you prefer to stay at home, rather than going out and doing new things?		No	No	No	No	Yes	No	No
Do you feel you have more problems with memory than most?	No	No	Yes	No	Yes	No	Yes	No
Do you think it is wonderful to be alive?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Do you feel pretty worthless the way you are now?	No	No	No	No	Yes	No	No	No
Do you feel full of energy?	No	Yes	Yes	Yes	No	No	Yes	Yes
Do you feel that your situation is hopeless?	No	No	No	No	No	No	No	No
Do you think that most people are better off than you are?	No	No	No	No	No	No	No	No
Total	2	0	2	1	1	3	1	2

Table 5: Measures of Depression (Yesavage et al. 1983)

The researcher has summarized the preceding results (see Table 6). This table makes it easier to understand how age, life crises, and religiosity or spirituality relate to gerotranscendence, depression, and death attitudes.

Summary of Results

	Lois	Arlene	Marie	Doris	Shirley	Dorothy	Richard	Jerry
Age	79	77	83	84	79	86	76	86
Experienced a Life Crisis?	Yes	Yes	Yes	Yes	Yes	No	No	Yes
Religious or Spiritual?	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Cosmic Gerotranscendence Score	25/30	21/30	24/30	19/30	25/30	21/30	16/30	13/30
Self Gerotranscendence Score	17/18	11/18	12/18	10/18	11/18	14/18	12/18	13/18
Social and Individual Relations Gerotranscendence Score	19/27	16/27	18/27	16/27	15/27	20/27	16/27	14/27
Total Gerotranscendence Score	61/75	48/75	54/75	45/75	51/75	55/75	44/75	40/75
Geriatric Depression Score	2	0	2	1	1	3	1	2
Attitude about Death	Acceptance	Uncertainty	Uncertainty	Denial	Uncertainty	Acceptance	Denial	Acceptance

Table 6: Summary of Results

Discussion

The purpose of this research was to explore whether or not gerotranscendent behavior was present in a moderately sized Southern Minnesota city. The researcher also explored the relationships present between gerotranscendence, depression, and attitudes about death.

GEROTRASCENDENCE

Tornstam defines gerotranscendent individuals as experiencing, “a new understanding of fundamental existential questions – often a feeling of cosmic communication with the spirit of the universe, a redefinition of time, space, and life and death, and a redefinition of the self and relationships to others” (1996b:42). Based on the responses to the qualitative questionnaire and the gerotranscendence scale each participant showed some degree of gerotranscendence, although some showed more than others.

Consistent with Tornstam’s (1994) findings, gerotranscendence is not culture specific; individuals in Southern Minnesota were capable of experiencing gerotranscendent behaviors. The researcher would like to bring up two items of interest. The first is that all but one of the participants studied indicated a European ethnicity. As Tornstam’s research is primarily based on studies completed in Europe, mainly Sweden, it is likely that there are similarities that exist between the backgrounds of the participants in this study and some of Tornstam’s participants. Secondly those reading this study

should realize that the eight participants involved in this study only represent a small sampling of those living in Southern Minnesota. Additional research with larger samples needs to be completed.

Tornstam's research indicated that gerotranscendence was not necessarily dependent on age (1994; 1997b; 1997c; 2003). He concluded that it was the experiences that one had that mattered in regard to reaching gerotranscendence and not age per se. The results of this study supported Tornstam's hypotheses; Lois, in her seventies, had a higher degree of gerotranscendence than her older peers. Lois' high level of gerotranscendence might be explained by what happened during her life. When the researcher asked if she had ever experienced an extreme state of depression, Lois replied, "Yes, I think I could recall that." And when the researcher asked her how long she experienced that depression she stated, "I don't know it was in the '50s. I was pregnant with our second child and my husband was killed and my dad was killed, and I was injured and I think that is worthy of depression." It is probable that Lois' experiences changed the way in which she viewed herself and the world and perhaps made her more likely to reach a higher degree of gerotranscendence than others without such an experience. Tornstam (1999a) likened the life crisis to "the kinetic energy that makes the development towards gerotranscendence accelerate" (p. 197).

Dorothy and Marie also scored highly on the gerotranscendence scale. Marie talks about the challenges of caring for her husband and her experiences with the war in Japan. It is likely then that Marie's experiences in life, like Lois', contributed to higher levels of gerotranscendence. While Dorothy did not indicate a crisis affecting her life, her solitude due to the problems that she faces with standing and walking have probably

contributed to her degree of gerotranscendence. Tornstam (1999a) stated solitude contributes to feelings of completeness with one's life.

The two lowest scorers on the gerotranscendence scale were Jerry with a score of 40 and Richard with a score of 44. Both men's agnosticism contributed to their lower scores and Jerry and Richard also indicated strong disagreement with such statements as "I like meeting new people less now than when I was younger."

Cosmic Transcendence

Tornstam defines the cosmic level of gerotranscendence as being composed of five signs: time and space, connection to earlier generations, life and death, mystery in life and rejoicing. The participants of this study varied in the level of cosmic transcendence shown. Lois' and Shirley's high scores of 25 out of 30 on the gerotranscendence scale indicate more developed signs of gerotranscendence; indeed both Lois and Shirley revealed that they felt highly connected with previous generations and accepted the mystery in life. Jerry's low score of 13 reflects his agnosticism and lack of interest in his family history, but may also be explained by the omission of his response to the question regarding fear of death. During his interview Jerry stated that he accepted death as inevitable and that he has had more thoughts about death as he has grown older. However, even if Jerry would have answered the question regarding diminished fear of death with 'strongly agree,' his score would have only been 16, tying him with Richard's low score.

Although Tornstam's (1997b; 1997c) research suggested that while both men and women show increased cosmic transcendence signs as they aged, men's signs of cosmic

transcendence decreased after the age of 75. When Tornstam replicated the study (2003), he found that men and women did not differ on the degree of cosmic transcendence unless the men had experienced a crisis in the two years preceding his 95th year. Consistent with Tornstam's findings, the women studied here had higher cosmic transcendence scores than the men.

This researcher, in agreement with Hauge (1998), is also curious as to why Tornstam omits Western religion from his idea of gerotranscendence. While not the only factor explaining why some of the current research participants exhibited some signs of gerotranscendence and others did not, it would seem that parts of Tornstam's cosmic dimension of gerotranscendence imply a certain degree of religiosity or spirituality. Statements like "I feel a part of the entire universe," "I feel that I am a part of all God's creations," "Some things in life cannot be explained by logic and science and need to be accepted by faith," and "I can feel the presence of people who are elsewhere" seem to be related to religiosity or spirituality.

Richard's and Jerry's low cosmic transcendence scores, at least partially, result from Richard's non-religiousness and Jerry's agnosticism. When the researcher asked Richard if he felt like he was a part of God's creation, he replied, "If you want to scratch out God, I will strongly agree; they don't all belong to God." When the researcher asked Richard the question concerning the acceptance of some circumstances in life by faith, because science and logic cannot explain everything, he responded,

Just because I don't understand them, doesn't make them mystical. For instance if we run the clock back a millennium, lightning was brought on by Thor, and now we know lightning was not brought on by Thor. We went on Mount Olympus and there was no gods there.

Jerry responded similarly to that question. He stated, “If I could strike out that last phrase [. . . and need to be accepted by faith] I would say agree. But the way it is worded, I would have to disagree.”

Self Transcendence

Tornstam’s second level of gerotranscendence is composed of six signs of gerotranscendence: self-confrontation, decrease of self-centeredness, development of body transcendence, self-transcendence, rediscovery of the child within, and ego-integrity. Lois’ score of 17 was the highest score on this level of gerotranscendence followed by Dorothy’s score of 14. Doris was the participant with the lowest score on the self transcendence section.

Lois and Dorothy both strongly agreed that they liked the way their life currently is; they also strongly agreed with the sentiment that they did not view themselves as the most important thing in the world. When the researcher asked Lois if she was more or less concerned with herself as she aged, she responded, “No, I don’t get wrapped up and worried about myself at all.” Dorothy had a similar view about herself and when she was asked if she was more or less confident with herself, Dorothy responded,

I don’t know, I am happy at my age, I don’t question it, it’s either the way I want it or it’s not. I am not confused about things any longer. When I approach it, I know what I want to do about it.

Both Dorothy and Lois show a great understanding about themselves and how and where they fit into the world.

Doris' score of 10 was the lowest of the eight participants. In her answers regarding the self level of gerotranscendence, Doris tended to indicate feelings of concern for both herself and for others and stated that she has always felt that way. Doris' disagreement with the question, "I do not take myself very seriously" conflicted with her response to the question in the gerotranscendence interview questionnaire. When asked if she took herself less seriously or more seriously now versus when she was younger, Doris responded,

I think less seriously, much less seriously, I am not very seriously minded. Not that I didn't enjoy it and so forth, but. . . I was very much into you know, the proper things to do and so forth, by my standards of course. Not necessarily someone else's.

The different responses may be the result of interpretation to the questions asked (i.e. perhaps Doris feels as if she has become less serious with age, but still considers herself to be a serious person). Doris' lower score may also be associated with her recent heart attack, after a heart attack it would be normal to have concern about oneself.

Social and Individual Relations Transcendence

The last level of Tornstam's theory of gerotranscendence is comprised of five signs: changed meaning and importance of relations, role play, emancipated innocence, modern asceticism, and everyday wisdom. Like the other two levels of gerotranscendence the participants in the current study showed varying degrees of gerotranscendent behavior. Dorothy's score of 20 was higher than Lois' score by one point. Interestingly Dorothy was the only one of the participants who stated that she preferred not meeting new people. Dorothy's self-reported difficulty with walking and

standing and her feelings of fatigue might explain Dorothy's disinterest in meeting others and her strong agreement with the statement, "At times I like to be by myself better than being with others."

As with the cosmic transcendence level of gerotranscendence, Jerry scored the lowest on this level as well. He strongly disagreed with statements like, "I like meeting new people less now than when I was younger" and "At times I like to be by myself better than being with others" both of which are associated with solitude which Tornstam deems necessary for gerotranscendence to take place.

DEPRESSION AND GEROTRASCENDENCE

None of the participants of this study indicated being depressed; all the participants had scores of three or less on the Geriatric Depression Scale (Short Form). Dorothy's score of three, while being the highest, still fell within the normal range. While her score indicates normalcy, it may be associated with her self-reported health issues and how those health issues affect her life.

Due to the nature of the recruitment methods used in this study it is not surprising that the researcher failed to find participants who indicated a level of depression. All the participants learned of the study through an ad published in a senior center newsletter or as a result of a sign posted at the aforementioned senior center. Blazer (2002) states, "elders who find life meaningless are likely to have removed themselves from an active involvement in life. . ." (p. 189). In other words those who are depressed are not likely to respond to the ad in the senior center newsletter nor go to the senior center and see the sign for recruitment. Likewise the participants of this study indicated their health to be

excellent, good, or fair. No one indicated that they were in poor health. Karel et al. (2002) state that those in poorer health were more likely to be depressed than others.

Because none of the participants indicated a level of depression, the researcher is unable to explore whether or not greater self-reported degrees of depression are associated with lower levels of gerotranscendence. However, the researcher would like to reiterate a point that Tornstam made earlier regarding depression and its relationship to gerotranscendence. Tornstam (1994; 1996b; 1999b) found positive correlations between cosmic transcendence and social activity and positive, although not statistically significant, correlations between social activity and ego integrity (a gerotranscendent sign on the self level). Tornstam assumed that gerotranscendence was not the result of depression or negative withdrawal, but rather was associated with social activity and life satisfaction (Tornstam 2003). Indeed all the participants of the current study indicated some level of gerotranscendence and a degree of life satisfaction in the absence of depressive symptoms.

DEATH ATTITUDES AND GEROTRASCENDENCE

The researcher was interested in how attitudes about death influenced gerotranscendent behavior in the elderly. Tornstam argued that one must accept one's mortality if one is to experience gerotranscendence. He states "none of the respondents who either feared death or avoided the question showed any signs of development towards gerotranscendence" (Tornstam 1999a:186).

Three of the eight individuals indicated that they accepted death or that it was something that when the time came, they would be ready for. These individuals (e.g.

Lois and Dorothy) generally had higher gerotranscendence scores than those who did not accept death so readily. Of the eight participants, Lois had the highest score of gerotranscendence and Dorothy was second. Interestingly Jerry indicated his acceptance of death, but his score on the gerotranscendence scale was the lowest at 40.

Three other participants were not sure about how they felt about death. Arlene, Marie, and Shirley indicated that because they had never experienced it before, they were not sure what to expect. Shirley states, "I really don't have any fear of it, but you know it's easy to say that when the time isn't right there. . ." Arlene and Marie responded in similar ways.

The other two participants, Doris and Richard stated that they did not try to think about death. Richard responds to the question about death by saying, "Well, I would say I am in denial, I am aware that I am not going to live forever, despite the fact that my father lived until 106." Doris said, "I try not to think about it. Let's hope it's as peaceful as possible." When compared to the other participants, Richard and Doris scored low on the gerotranscendence scale.

Although gerotranscendence is made up of 16 signs, the life and death sign appears to strongly influence the overall level of gerotranscendence. While none of the participants present in this study indicated a real fear of death, several either denied it or stated their uncertainty with it. These individuals, for the most part, scored lower on the gerotranscendence scales than their peers who accepted death. Lois and Dorothy who accepted death scored the highest on the gerotranscendence score. Richard and Doris who did not think about it or denied it scored sixth and seventh out of the eight

participants on the level of gerotranscendence. The notable exception to this trend was Jerry's acceptance of death, but otherwise low gerotranscendence score.

As the researcher just mentioned, the life and death sign is just one of 16 signs that make up gerotranscendence. When asked what his thoughts and feelings about death were, Jerry said, ". . . I have tried to plan for it very carefully. And umm, I accept it as inevitable" and when the researcher asked him if death scared him he said, "the idea of leaving people does, but death itself doesn't. Sometimes I think it would be a relief." Others may interpret Jerry's last statement as an overall fear of death, but this researcher, based on Jerry's earlier response, felt that Jerry accepted death overall. His low gerotranscendence score then might be based on his responses to the other questions on the gerotranscendence scale.

This research seems to support Tornstam's (1999a) research where he indicated that those who feared death showed no signs of gerotranscendence. While none of the participants stated that they feared death, those who denied it or who were uncertain about their feelings towards it scored lower on the gerotranscendence scale.

Conclusion

Tornstam's theory of gerotranscendence came about as the result of dissatisfaction with the current theories available to explain the behaviors that some individuals display with old age. Tornstam's theory is made up of three different levels: the cosmic level, the self level, and the social and individual relations level. Sixteen signs are divided between the three levels and these signs explain what it means to be gerotranscendent.

One of these signs is entitled "life and death" and individuals must accept it in order to show signs of gerotranscendent behavior (Tornstam 1999a). It is also argued that gerotranscendence comes about by simply living life and with the experiences that one has in life. It is not the result of depression (Tornstam 1994; 1999b).

The objective of this study was to explore whether or not the theory of gerotranscendence could be experienced by elders in a moderately sized Southern Minnesota city and also how depression and attitudes about death contribute to gerotranscendence. It was hypothesized that those with higher levels of depression and those with greater fears of death would exhibit fewer signs of gerotranscendence.

The results indicated that individuals living in the moderately sized Southern Minnesota city experienced differing degrees of gerotranscendence. These results are in agreement with Tornstam's (1994) belief that gerotranscendence is not culturally bound, although the researcher has noted that most of the participants indicated a European ethnicity.

Whatever the reason, none of the participants of the current study identified themselves as depressed. Due to the lack of this characteristic, the researcher was unable to explore what, if any, relationship depression plays with regard to gerotranscendence.

Based on the participants' self-reported attitudes towards death, the data suggests that those with more uncertainty about death and those who deny death have lower gerotranscendence scores than those who accept death.

Due to the small sample size of the study and the relatively homogenous population, it is necessary to review the results of this study with caution. Seven of the eight participants were white and of European ethnicity while one was Asian and of Japanese ethnicity. The majority of the participants were women; there were only two men participating in the study. The participants were also near one another in age; the youngest being 77 and the oldest being 86.

In order to gain a better understanding of gerotranscendence in moderately sized Midwest cities future research needs to be completed. These studies should examine populations with more diverse ages, ethnicities, races, and genders. Recruiting participants with poorer health and those with more diverse backgrounds might also yield different results; more than half of the current study's participants indicated some type of career dealing with caregiving.

The researcher believes that despite the small sample size and the similarities of the participants, meaningful and significant data came about as the result of the current study.

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Appendix A: Informed Consent Form

Informed Consent for Participation in the Research Study

Purpose

I understand that the purpose of the research study is to develop an understanding of the influence of spirituality and altered priorities upon attitudes in later life, and how the markers for these attitudes may be separated from the presence of depression and/or the level of social engagement enjoyed by older adults.

Participants

I understand that I have been asked to participate because I am age 75 and older and living in a community setting (any non-institutional residence) in south central Minnesota.

Procedure

I understand the experimenter will ask me a series of open-ended questions to assess my general attitudes toward relationships with others, my own sense of issues pertaining to spirituality, my own perception of my health status, some demographic information, and my level of engagement with others. I also understand that I will be asked questions from a formal depression questionnaire commonly used in research. The total time commitment will be about 45-60 minutes. Furthermore, I understand that the interviews will be audiorecorded and at a later date, transcribed into written form. All recordings and written transcriptions will be kept in a locked file cabinet in the locked office of the Principal Investigator (Dr. Donald J. Ebel). I also understand that these materials will be kept for seven years, at which time the audiorecordings will be destroyed and all written transcriptions shredded. Finally, I understand that there will be no use of names or other personal information that can link my transcribed interview to my audiotapes and that every attempt will be made to keep names off of the audiotapes. All transcriptions will have an impersonal numerical identifier and the only master list linking the two will be kept in a separate location from the other materials, but also in a locked file cabinet in a locked office of the Principal Investigator.

Risks

I understand that there are minimal risks associated with participation in this study. It is possible that I may become slightly uncomfortable while answering the questions. If this occurs I may end my participation at any time with no negative consequences. I understand that it is possible that theft of materials from the Principal Investigator's office is a possibility, despite measure to protect the information with multiple locking safeguards, and that if such did occur, audiotapes with my voice on them would no longer be controlled.

Benefits

I understand that no direct benefits will result from participation in this study, nor will I receive any monetary compensation. In addition, the results of this study may yield useful information about how spirituality, depression and social engagement interact for older Americans. I may request a summary of findings.

Confidentiality

I understand that the findings of this study will be completely confidential. Confidentiality will be protected in that no identifying information will be included on any records collected during this study. All information will be kept in a locked cabinet in the office of Dr. Donald Ebel at Minnesota State University (Armstrong Hall room 113).

Right to Refuse or Withdraw

I understand that I may refuse to participate or withdraw from the study at any time without penalty. I understand that my decision whether or not to participate in this research study will not affect my relationship with Minnesota State University, Mankato.

Questions

I have been informed that if I have any questions, I am free to ask them. I understand that if I have any additional questions later, I may contact the office of the principal investigator, Donald J. Ebel, Ph.D. at (507) 389-5188, or if I have questions or concerns about the treatment of human subjects, I may contact IRB Administrator and Dean of Graduate Studies, Dr. Barry Ries at (507) 389-2321.

Closing Statement

My signature below indicates that I have decided to participate in a research study and that I have read this form, understand it, and have received a copy of this consent form.

___ I agree to the audiotaping of the session.

___ I have received a copy of this consent.

Signature of Participant

Date

Signature of Investigator

Date

Appendix B: Gerotranscendence Interview Questions

REQUIRED SCRIPT AT BEGINNING OF EACH INTERVIEW

This is INTERVIEW #_____ (use number provided by the PI). To begin, _____ (use first name only) have you received and signed a consent form for this interview and do you feel that it was adequately explained to you? That's great. I would like to begin the interview by asking a series of questions that are standard scales used in research.

END REQUIRED SCRIPT, BEGIN INTERVIEW

Socio-Demographic Questions

1. What race and ethnicity would you say best describes your heritage?
2. Would you say that you are low income (up to about 20k), low-middle (21-40k), middle (41-80k), high middle (81-120k), or upper income (over 200k/yr)?
3. Do you own your own home?
4. What occupation best describes your primary career?
5. Are you still working? In this career? Full or part time?
6. What is the highest degree you have received?
7. How old are you today?
8. What is your city of residence? How long have you lived here?
9. Where did you live for the majority of your career?

Health Questions

10. How would you rate your own health? Excellent, Good, Fair, Poor
11. Are you dealing with any of these chronic health conditions that impact your life in some way?

____ Asthma

____ COPD

- ___ Kidney disease
- ___ Heart Disease
- ___ Cancer
- ___ Cerebrovascular Disease (Stroke)
- ___ Diabetes
- ___ Osteoporosis
- ___ Pneumonia
- ___ Dementia
- ___ Other

12. On average, how would you rate the health status of most of your friends? Excellent, Good, Fair, Poor

13. Do you feel that your health limits your ability to be active in the community? Yes or No

If so, in what ways?

14. Do you engage in prayer groups or prayer chains for others who are ill? Yes or No

If so, how many times per month?

15. Have you ever, to your knowledge, been the recipient of a prayer group or prayer chain for an illness you were suffering from? Yes or No

Now I would like to ask a series of questions regarding your emotional health, spirituality and age related changes in your life:

16. Do you find yourself reflecting on (thinking about) your childhood more often now vs. when you were a younger adult?

- a. Do these memories seem very vivid, almost as if you are there again (or reliving the event)?
- b. Do you experience these memories as pleasant or not?

[What kind of feelings/emotions do these memories evoke?]

17. Do you feel connected to (feel a kinship with) your deceased family members (or earlier generations) – if yes, how so?
18. Have you found that you are more interested in genealogy as you have gotten older?
19. What are your thoughts and feelings about your own death?
- a. Do you have these thoughts often (daily, weekly)?
 - b. Have these thoughts changed as you've gotten older?
 - c. What does death mean to you?

[Does death scare you? Do you have other feelings about death (e.g., relief, welcoming, sadness?)]

20. What brings you joy/happiness in your life now? Have the things that bring you pleasure changed as you've gotten older?
- a. Some people notice the small/everyday things in life tend to bring the most pleasure/joy – is this true for you?
 - b. Can you give me some examples?

21. Do you ever feel a connection between you and something bigger than yourself?

[Do you ever feel as if you are part of something bigger or feel a stronger connection with nature or the universe?]

22. What new things (e.g., personality traits, habits, tendencies, values, habits, social behavior, talents, or emotional sensitivity) have you learned about yourself as you have gotten older?
- a. Are they positive, negative, or both?
 - b. Do you feel more or less confident/comfortable with yourself now vs. when you were younger?

23. Do you feel you are less or more concerned with yourself now vs. when you were younger?
24. Do you feel as if you understand people better now vs. when you were younger?
25. Are you more or less concerned with the needs/desires of others now?
26. Are you more or less likely to do things for others now, even if you won't benefit from it?
27. Do you look back at your life and feel as if your life makes sense or it is "whole" or "complete?"
 - a. On the other hand, does it ever feel as if aspects of your life don't make sense to you or don't "fit in" with the rest of your life?
28. Do you often reflect back on your life (e.g., accomplishments, regrets) to try and make sense of it or put your life story together?
29. What have you concluded about your life? What are your general thoughts/feelings about the life you've lived?
30. How has your social life changed over time?
 - a. Are you more selective/picky/particular about who you socialize with?
 - b. Do you socialize more, less, or the same now vs. when you were younger?

[If they socialize less, do they feel this is by choice?]
31. Are you satisfied with the amount of social contact you currently have?
 - a. How many contacts per week do you estimate you have?
32. Do you now (compared to when you were younger) find time alone to be more enjoyable or lonelier?
 - a. Do you seek out or enjoy time alone?
33. Do you find yourself less interested in being around others?
34. Are you more content/happy being alone vs. being with other people?
35. Has having fewer social contacts been your choice or do you feel it has been out of your control?

36. Do you feel you are freer to express your thoughts, opinion or feelings without worrying about what other people think (i.e., whether they will judge you or tell you that you're wrong)?
37. Do you take yourself more or less seriously now vs. when you were younger?
38. Do you find you are more or less concerned now (vs. when you were younger) about prestige or "social status"?
39. Do you find that "things" are more or less important to you now vs. when you were younger?
- a. Are you actively getting rid of things?
40. Is it easier or harder now (vs. when you were younger) to make wise/sound decisions?
41. Do you find you are more or less certain as to what is "right" and "wrong"?
42. Do you find that you are more or less tolerant of the faults/flaws of other people?
43. Do you think that you are more or less open minded now vs. when you were younger?
44. Do you find that you enjoy giving advice (or helping people make decisions) or do you prefer not to give advice even when asked for it?
45. Have you been feeling down/blue/sad more frequently in the past two weeks?
- a. Has this feeling gotten worse over time?
46. Have you noticed that you are less interested in activities that you used to enjoy?
- a. How long ago did this start?
 - b. Why do you think this is?
47. Have you experienced a life crisis, and if so, did you rely on your religiosity or spirituality to cope?
- a. How did you cope with the event?
48. Have you ever experienced an extreme state of depression?
- a. If so, for how long?

49. Have you ever been diagnosed with Major Depression or a mental health disorder?
- a. If yes, what are/were the treatment methods?
50. Do you consider yourself a "religious" person, versus a "spiritual" person, and what does each mean to you?
51. Have you always been a "religious" or "spiritual" person, or did that occur later in life?
- a. Did you grow up attending church?
52. Is religiosity or spirituality an important value only to you, or do you have family members who share the same values?
- a. Is this something you do not discuss with others, but rather keep to yourself?
53. Do you still attend religious services?
- a. If yes, how often do you attend religious services?
 - b. Do you have access to religious services if you want to attend?
54. What, if any, religious or faith group do you feel you most belong to?
- a. Any specific denomination?
55. Do you engage in your own spiritual rituals (such as meditation, prayer, etc...)
- a. If yes, how many times per week?
56. What was it like for you answering these questions?

Appendix C: Gerotranscendence Scale – Further Revised (GS – RR) (Cozort 2008)

Gerotranscendence Scale—Further Revised (GS-RR) (Cozort 2008)

Please indicate how well each statement below agrees with your own personal experiences and feelings by checking the appropriate column.

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>
Cosmic Transcendence				
1. I feel a connection with earlier generations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Knowing that life on earth will continue after my death is more important than my individual life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel a part of the entire universe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel that I am a part of all God's creations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have less fear of death now than when I was younger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Some things that happen in life cannot be explained by logic and science and need to be accepted by faith.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. It is important to me that life on earth continues after my death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sometimes I feel like I live in the past and present at the same time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I can feel the presence of people who are elsewhere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am interested in finding out about my family tree.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Coherence

11. The life I have lived has meaning.
12. I like my life the way it is.
13. I do not take myself very seriously.
14. I do not think I am the most important thing in the world.
15. I find it easy to laugh at myself.
16. Dividing life into men's roles and women's roles does not matter much to me.

Solitude

17. I like meeting new people less now than when I was younger.
18. At times I like to be by myself better than being with others.
19. I do not need something going on all the time in order to feel good.
20. I am not as quick to give other people advice as when I was younger.
21. Quiet meditation is important for my well-being.
22. I am not quick to criticize other people's behavior.
23. I am comfortable asking questions in front of others.
24. Having material possessions is not among the most important things in my life right now.
25. Other things are more important to me right now than work and activity.

Appendix D: Geriatric Depression Scale (Short Form) (Yesavage et al. 1983)

Geriatric Depression Scale (Short Form)

Patient's Name: _____ Date: _____

Instructions: Choose the best answer for how you felt over the past week.

No.	Question	Answer	Score
1.	Are you basically satisfied with your life?	YES / NO	
2.	Have you dropped many of your activities and interests?	YES / NO	
3.	Do you feel that your life is empty?	YES / NO	
4.	Do you often get bored?	YES / NO	
5.	Are you in good spirits most of the time?	YES / NO	
6.	Are you afraid that something bad is going to happen to you?	YES / NO	
7.	Do you feel happy most of the time?	YES / NO	
8.	Do you often feel helpless?	YES / NO	
9.	Do you prefer to stay at home, rather than going out and doing new things?	YES / NO	
10.	Do you feel you have more problems with memory than most?	YES / NO	
11.	Do you think it is wonderful to be alive?	YES / NO	
12.	Do you feel pretty worthless the way you are now?	YES / NO	
13.	Do you feel full of energy?	YES / NO	
14.	Do you feel that your situation is hopeless?	YES / NO	
15.	Do you think that most people are better off than you are?	YES / NO	
		Total	

Scoring:

Assign one point for each of these answers:

- | | | | | |
|--------|--------|--------|---------|---------|
| 1. NO | 4. YES | 7. NO | 10. YES | 13. NO |
| 2. YES | 5. NO | 8. YES | 11. NO | 14. YES |
| 3. YES | 6. YES | 9. YES | 12. YES | 15. YES |

A score of 0 to 5 is normal. A score above 5 suggests depression.

Source:

Yesavage J. A., Brink T. L., Rose T. L. et al. Development and Validation of a Geriatric Depression Screening Scale: A Preliminary Report. J. Psychiatr. Res. 1983; 17:37-49.