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The role of transcendence in a holistic view of successful aging : a concept analysis and model of transcendence in maturation and aging.

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The Role of Transcendence in a Holistic View of Successful Aging:

A Concept Analysis and Model of Transcendence in Maturation and Aging

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Abstract

BACKGROUND: Although successful aging is most often defined by the absence of disease and disability, older adults consistently report aging successfully even in the presence of chronic illness and functional limitations. A more holistic way of looking at old age suggests transcendence may be an important missing criterion for successful aging.

AIM: Transcendence, a late life developmental process, appears to have a profound effect within the spiritual domain, but is an abstract, complex and unfamiliar concept. A clear understanding of the meaning of transcendence is necessary to explore the concept's usefulness as a potential basis for future interventions to increase successful aging.

METHODS: Walker and Avant's (2004) method of concept analysis was adapted to analyze literature from philosophy, theology, developmental psychology, sociology, psychiatry and nursing to gain a thorough understanding of transcendence.

RESULTS: Antecedents, attributes, referents and consequences of transcendence were identified then displayed in a conceptual model. A definition of transcendence in relation to successful aging was synthesized from the analysis.

CONCLUSION: The concept analysis suggested transcendence may provide a theoretical foundation for development of potentially cost-effective, efficacious interventions to foster a sense of meaning in life, well-being, and life satisfaction. The model under development may prove useful in planning potential interventions.

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Maturation and Aging

Prior to the 1990s, aging was viewed as an inevitable process of disease and decline; little attention was given to factors that affect health in old age or prevent chronic disease (Rowe & Kahn, 1987). Rowe and Kahn redefined successful aging as: low risk of disease, good physical and cognitive function, and productive engagement in life. Their theoretical approach to successful aging had a profound effect on how the experience of aging was viewed and generated research on genetic and behavioral influences on aging; however, it did not well represent elders with chronic disease, limited function, or socioeconomic disadvantages nor did it reflect continuing development. Another limitation of the theory was that it failed to include criteria from one of nursing's four domains of life – the spiritual domain (Crowther, Parker, Achenbaum, Larimore, & Koenig, 2002; Sadler & Biggs, 2006). A more holistic focus on health and better understanding of factors in the spiritual domain could provide a theoretical basis for future interventions to promote successful aging.

Transcendence was linked to successful aging by Flood (2006) who defined successful aging as one's ability to cope and to adapt while maintaining a sense of connectedness and meaning in life. Flood proposed two predictors of successful aging: adaptation and transcendence. Limited research suggests transcendence is an important criterion for successful aging that merits further study (McCarthy, 2009, 2011; McCarthy, Cassidy, & Carini, 2011). The purposes of this analysis were to gain a clear understanding of the meaning of the concept of transcendence and to explore its usefulness as a theoretical foundation for development of cost-effective, efficacious interventions that might potentially increase transcendence and holistically-defined successful aging.

Methods

The process of concept analysis, adapted from Walker and Avant's (2004) method of systematically describing phenomena to clarify meaning, was used to gain a thorough understanding of transcendence and its role in a holistic view of successful aging. Literature from multiple sources was reviewed to identify four types of factors associated with the concept. *Antecedents* were the conditions or activities that preceded and promoted the concept. *Attributes* were essential characteristics of the concept itself and empirical *referents* were indicators of the concept. Finally, *consequences* were the outcomes or results of the concept. The literature review began with identification of dictionary definitions followed by a discussion of literature on the theoretical foundations of the concept and empirical uses of transcendence.

Inclusion criteria were references to transcendence as a developmental process or a factor associated with maturity or aging in English. Multiple databases (Medline, CINHAL, PsychINFO, Google) yielded 123 citations for articles, books and webpages; 78 sources met the inclusion criteria including literature from philosophy, theology, psychology, sociology, psychiatry, and nursing. Of the 78 identified sources, 48 were discussed in the concept analysis while others were found to be repetitive or of lesser importance.

Review of Literature

Dictionary Definitions of Transcendence

Definitions were identified for the noun, *transcendence*, and its adjective form, *transcendent.* Transcendence, the noun, was defined as beyond or above the range of normal or physical human experience (of God); existing apart from and not subject to the limitations of the material universe; not realizable in experience (Transcendence, 2008). It was also defined as: lying beyond the

ordinary range of perception; above and independent of material experience or the universe (Transcendence, 2003). Transcendent, the

adjective, was defined as extending or lying beyond the limits of ordinary experience, transcending the universe or material existence

(Transcendent, 2008). Thus, transcendence exists outside of or beyond the level of the everyday, rational, and materialistic world. No

dictionary definition referred to transcendence as a result of developmental maturity or in relation to aging.

Background of Transcendence in Aging Theory

Early aging theories. Transcendence was identified in seminal aging theories and life span development theories. Early aging

theories surfaced in the late 1950s and early 1960s when theorists began to explore social and psychological aspects of aging. Three

seminal aging theories were developed: Disengagement Theory, Activity Theory, and Continuity Theory.

Disengagement Theory (Cummings & Henry, 1961) argued that aging was an inevitable process of withdrawal from social

roles and involvement, leaving room for the next generation to take over. The theory proposed a natural tendency toward

contemplation and a need for solitude. Havighurst (1961) proposed *Activity Theory*, partially in opposition to disengagement theory,

arguing that remaining engaged and active in familiar activities and roles were keys to achieving successful aging. Activity theory

was linked to later theory on transcendence through the importance of a sense of connectedness, generativity, altruism, and purpose in

life, each integral to transcendence. *Continuity Theory* (Atchley, 1989) argued that one's basic personality, attitudes, and behaviors

remain constant throughout life. People who were active, socially-engaged, and who adapted readily to change in mid-life continued

to exhibit these behaviors in old age while more contemplative, introspective persons remained introverts. This theory reflected the

importance of a coherent sense of wholeness and self-acceptance that is central to transcendence.

Life span development theories. While early aging theories alluded to some components of transcendence, life span development theories advanced the notion of transcendence in late life. They proposed that individuals progress through stages of growth and development from infancy until death, with development proceeding at varying paces; some individuals progress farther than others and not all reach their full potential. Two theories were foundational to later theories of transcendence.

Maslow's (1943) original hierarchy of needs stated that the highest level of development was self-actualization, i.e., self-fulfillment or the ability to reach one's full potential. Later, he revised his hierarchy to suggest that *transcendence* was a natural extension of self-actualization (1999). Maslow argued that transcendence was only possible in late life as a result of accumulated wisdom and experience. In contrast to disengagement theory, he argued that older adults experience transcendence as an inner spiritual dimension that co-exists with the everyday world and does not demand elders withdraw from active engagement with life. As early as 1969, Maslow noted that the word *transcendence* was derived from the verb *transcend*, meaning to rise above or move beyond time, culture, self, and others. He also identified transcendent behaviors: moving beyond weaknesses, fears, and dependency; transcending the opinions or expectations of others, such as social conventions, family roles, or a focus on others to the exclusion of self; achieving a sense of unity with oneself, others – especially the next generation – and a higher power; and possessing an awareness of a greater meaning in life.

Erikson (1987) proposed eight stages of development from infancy to late life. The developmental task of old age was to resolve the inherent conflict between ego-integrity and despair or hopelessness in order to achieve wisdom. Erikson later added a ninth stage, transcendence, to his theory (Erikson, 1987; Erikson & Erikson, 1997). He described it as, "regaining lost skills such as

play, activity, joy, song, and a major leap above and beyond fear of death" (Erikson & Erikson, 1997, p. 127). Erikson felt transcendence was a developmental response to multiple losses in late life.

Transcendence Theories

  Theory of Gerotranscendence. Tornstam's (1997a) theory of gerotranscendence built on Disengagement Theory, arguing that maturation and wisdom led to increased contemplation and solitude, both of which were integral to transcendence. He defined gerotranscendence as a sudden, late life shift in meta-perspective from a materialistic and rational view of the world to a more mystical or cosmic perspective leading to redefinition of time, space, life, death, and the self. Three dimensions–*cosmic*, *self,* and *other*–were marked by: greater acceptance of self and others; selectivity in relationships and activities; decreased concern for social roles and expectations; greater need for positive solitude and contemplation; and decreased fear of death. Life satisfaction was the outcome of gerotranscendence.

  Theory of Self-Transcendence. Reed (2008) developed a mid-range nursing Theory of Self-transcendence. She described self-transcendence as an inherent process that was a gradual, non-linear expansion of conceptual boundaries, i.e., one's personal limits or internal rules and expectations of oneself, others, and the world. Expansion of boundaries transpired within four dimensions. Expansion of *intrapersonal* boundaries involved a greater awareness of one's own philosophy, values, and dreams. *Interpersonal* boundaries related to interactions with others and with the environment. *Temporal* boundaries expanded to allow integration of one's past and future to make sense of the present. Expansion of *transpersonal* boundaries related to a connection with dimensions beyond the here and now.

One's perspective was intrinsically different from mid-life; transcendent individuals were able to tolerate greater ambiguity and uncertainty (Reed, 2008). Reed argued that although self-transcendence was an inherent process of maturation and development, self-transcendence could also be achieved by individuals of any age when faced with a loss, trauma, or illness that created a sense of vulnerability and awareness of mortality. The outcome of self-transcendence was well-being, marked by life satisfaction, positive self-concept, hopefulness, and a sense of meaning in life (Reed, 2009). Reed suggested factors that might promote development of self-transcendence including altruism, generativity, introspection, spirituality, lifelong learning, group therapy, creativity, journaling, meditation, and sharing wisdom with others.

Empirical Research on Transcendence

Empirical studies based on transcendence were examined both to clarify the meaning of the term and to identify indicators or referents by which the concept was made measurable.

Empirical studies of transcendence associated with successful aging. Studies of transcendence associated with successful aging were scant. Flood's theory of successful aging among various older adult populations was explored in a series of three descriptive cross-sectional surveys (McCarthy, 2009, 2011; McCarthy, Cassidy, & Carini, in review). In all three studies, successful aging was regressed on self-transcendence and proactive coping, controlling for age, income, health status and overall function. The three models were significant and explained 36.5%, 45%, and 49% of the variance in successful aging respectively. The magnitude of standardized regression coefficients (βs=.50, .52, .58) indicated the effect of transcendence consistently exceeded that of proactive coping (βs=.28, .20, .40).

Empirical studies and referents of gerotranscendence. Tornstam (1994) developed a 10-item, three dimensional Gerotranscendence Scale. In instrument development, only one dimension was significant, i.e., cosmic (.73, p<.05). Cronbach's alpha for the overall scale was not reported. Convergent validity was supported by a significant correlation of the scale with a single-item question on life satisfaction; divergent validity was not reported. Jönson and Magnusson (2001) reported that the scale had weak psychometric properties and inconsistent findings that were not always congruent with the theory of gerotranscendence. A number of studies were conducted by Tornstam (1997b, 2000, 2003) and others, mostly with Scandinavian samples (Braam, Bramsen, van Tilburg, van der Ploeg, & Deeg, 2006; Wadensten & Carlsson, 2003, 2005; Wadensten & Hägglund, 2006). Braam and colleagues (2006) found the cosmic subscale was consistent with the theory but highly dependent on cultural factors.

Empirical studies and referents of self-transcendence. A Self-Transcendence Scale, developed by Reed (1989b) among samples of older adults and adults facing end-of-life issues, consisted of 15 items that measured perceptions of the degree or level of transcendence. Items included: "sharing my wisdom and experience with others"; "helping others in some way"; and "finding meaning in my past experiences." Strong internal consistency and reliability was demonstrated by Cronbach's alphas ranging from .80 to .88 and test/re-test stability was good (.70 to .95) (Coward, 1990). Numerous descriptive studies examining transcendence in older adults and persons facing life threatening disease were conducted (Chin-A-Loy & Fernsler, 1998; Coward, 1990, 1995; Coward & Reed, 1996; Reed, 1986a). Self-transcendence was studied among: persons with dementia (Walsh, et al., 2011) and caregivers of persons with dementia (Acton, 2002), residents of nursing homes (Bickerstaff, Grasse, & McCabe, 2003) and healthy populations (Coward, 1996). Self-transcendence was consistently associated with decreased depression (Ellermann & Reed, 2001; Reed, 1986b,

1989a, 1991); increased coping resources (Reed, 1989a; 1991; Young & Reed, 1995); resilience, sense of coherence, and purpose in life (Nygren, Alex, Jonsen, Gustafson, Norberg, & Lundman, 2005); emotional well-being and quality of life (Coward, 1995, 1996; 2003); and improved self-care (Upchurch & Mueller, 2005). Experimental or quasi-experimental interventional studies based on self-transcendence were few. Self-reflection, as part of psychotherapy, appeared to promote self-transcendence and healing among older adults in a study by Young and Reed (1995), and a transcendence-based intervention in place of usual support groups among women with breast cancer resulted in increased physical and emotional well-being (Coward, 2003).

Summary of the Concept Analysis of Transcendence

Transcendence was an abstract, complex construct, differing among disciplines, and integrally related to a number of similar constructs. The process of concept analysis was used to identify factors associated with self-transcendence and the relationships among these factors.

Antecedents of transcendence, i.e., conditions or activities thought to promote the development of transcendence were identified. Antecedents were: storytelling or sharing personal narratives, communicating ideas and feelings with others, and belonging in a family, group or community (Reed, 2008), self-actualization (Maslow, 1999), and wisdom (Erikson, 1987). Opportunities for positive solitude (Tornstam, 1997a) and time spent in activities (Reed, 2008; Tornstam, 1997a) such as journaling, internal dialogue, self-help reading, guided imagery, psychotherapy, meditation, existential questioning, contemplative reading, and philosophical discussion (New World Encyclopedia, n.d.) also appeared to precede and to potentially contribute to transcendence. Activities associated with spirituality, such as engagement in religious beliefs and practices, participation in a faith community, spiritual reading,

and spiritual direction were antecedents of transcendence (Reed, 2009). Other antecedents of transcendence included closeness to nature; making and experiencing art; life-long learning, and intellectual creativity (Reed, 2009).

Essential attributes of transcendence identified in the literature included a sense of connectedness or unity with self, others, and God or the sacred (Havighurst, 1961; Maslow, 1969; Reed, 2008); progression from egocentricity toward awareness of a dimension greater than the self and a sense of being an integral part of the universe (Reed, 2008; Tornstam, 1997a); and integration of past and future to make sense of the present (Reed, 2008). Other attributes of transcendence were a sense of purpose and meaning in life (Havighurst, 1961; Reed, 2008); resilience and a sense of coherence or wholeness (Atchley, 1989; Nygren, et el., 2005); productive engagement (Rowe & Kahn, 1987); sharing wisdom with others; altruism and generativity (Havighurst, 1961; Reed, 2008); and a focus on personally valued people and activities with decreased concern for social roles and expectations (Maslow, 1969; Tornstam, 1997a). Increased self-acceptance and acceptance of others resulting in inner peace (Atchley, 1989; Maslow, 1969; Reed, 2008; Tornstam, 1997a); the ability to fully express the self, and to achieve self-fulfillment (Maslow, 1969, Reed, 2008; 2009) were also identified as attributes of transcendence.

Two referents of transcendence were identified, Tornstam's Gerotranscendence Scale (1994) and Reed's Self-Transcendence Scale (1989b). The Self-Transcendence Scale had better psychometric properties and was used in a greater number of studies. The most frequent outcomes of transcendence were a sense of meaning in life (Flood, 2006; Reed, 2009), well-being (Reed,1995, 1996; 2008), life satisfaction (Reed, 2009; Tornstam, 1997a, 2003), and a decreased fear of death (Erikson & Erikson, 1997; Tornstam, 1997a).

The final step in the process of concept analysis was to synthesize a definition of transcendence as it related to holistic successful aging. The definition of transcendence, derived from both Tornstam (1997a) and Reed's (2008, 2009) theories, was: a developmental process resulting in a shift in perspective from a rational, materialistic view to a wider world view (Tornstam), characterized by broadened personal boundaries within interpersonal, intrapersonal, transpersonal, and temporal dimensions (Reed). Our conceptualization of transcendence differs from traditional definitions which emphasize raising the self above or apart from the environment. Here transcendence is seen as connecting rather than "separating a person from self, others and the environment" (Reed, 2008, p. 106).

An Early Iteration of a Model of Transcendence

Relationships among multiple factors associated with this definition of transcendence were derived from the concept analysis. Because of the number and complexity of factors related to transcendence, simple assignment of factors to the role of antecedent, attribute, referent, or consequence failed to provide a clear and coherent picture of how these factors were related. A conceptual model was developed that grouped factors within categories or domains to demonstrate relationships among antecedents, attributes and consequences associated with transcendence. The specific purpose of the model was to identify activities that might potentially promote transcendence.

To classify and organize relationships among the factors, antecedents and attributes were grouped based on shared context and logical connections within five domains. Once the factors were linked, possible directionality of the relationships was suggested. It

should be noted that the links between a number of antecedents and attributes were through the domains to which they were assigned. In a different context, antecedents, or activities which were hypothesized to increase levels of transcendence, might be considered attributes or indicators of the concept itself. In the model, activities expected to increase transcendence were categorized as antecedents, although certainly with further development of transcendence a tendency toward these behaviors would also be seen as an attribute or indicator of the presence of transcendence."

The categories or domains into which factors were grouped were derived from Reed's (2009) approach to promoting self-transcendence and were titled: relationships, creativity, introspection, contemplation, and spirituality. See Figure 1.

Five domains of transcendence. The five domains associated with transcendence are discussed below to clarify links and the rationales for factor assignment to domains. R*elationships* involved connections and affiliations with others. It encompassed the antecedents of storytelling or sharing personal narratives, communicating ideas and feelings with others, and belonging in a family, group or community. Attributes of transcendence related to these antecedents included a sense of connectedness to others, increased acceptance of others, orientation toward altruism and generativity, sharing wisdom, greater focus on personally valued people and activities, and decreased concern for social roles and expectations (Maslow, 1969).

Creativity encompassed both aesthetic and intellectual creativity. Antecedents of transcendence which fell within this domain included: making and experiencing art; lifelong learning; curiosity and welcoming new experiences; innovative thinking; and self-actualization. Attributes associated with these antecedents were productive engagement, sense of purpose, self-expression, and a sense of fulfillment.

Contemplation, the third domain, was defined as deep, reflective thought about questions that were fundamental to the human experience but external to the self. Examples of such thought included existential questioning regarding the nature of the universe and the nature of life. Antecedents that seemed to fit within the domain of contemplation were positive solitude, existential questioning, contemplative reading, philosophical discussion, closeness to nature, and meditation. Attributes of transcendence related to contemplation included: a shift in perspective from the rational and materialistic to a wider or more cosmic world view; a sense of being an integral part of the universe; an awareness of being part of a cycle of life; and the ability to integrate past and future to make sense of the present.

Introspection, though closely related to contemplation, focused on the self rather than on external factors. Antecedents related to introspection were journaling, internal dialogue, self-help reading, guided imagery, meditation, and some aspects of psychotherapy. Attributes of transcendence were a shift from egocentricity to awareness of a dimension greater than the self, an increased self-acceptance, and a sense of coherence or ego integrity.

The final domain of transcendence was *Spirituality*. Transcendence and spirituality were often closely related to God and religion. Although religious beliefs and practices were important aspects of spirituality, the domain used in this context represented a broader viewpoint that encompassed a range of ways to experience the sacred. Specifically, this broader viewpoint included belief in God, a higher power, or consciousness of a dimension beyond the here and now. Antecedents within the spiritual domain included religious beliefs and practices, participation in a faith community, spiritual reading and discussion, spiritual direction or mentoring,

and meditation. Attributes of transcendence within the spiritual domain were a sense of unity with God, a higher power, or the sacred, an awareness of inner peace, and an acceptance of life's experiences.

      Structure and directionality of the model of transcendence. For each of the five domains the model displays two boxes: the first box lists antecedents and the second includes associated attributes that were thought to be logically related to specific antecedents. The first two domains in the model represent the more concrete and fundamental processes of *relationships* and *creativity*. Factors within the domain of relationships are connected by the shared commonality of interaction with others. Creativity refers to factors linked by either aesthetic or intellectual productivity. The domains of relationships and creativity were thought to operate or to influence transcendence indirectly through the three higher order domains: contemplation, introspection and spirituality. *Contemplation* delineates external processes from internal processes represented by *introspection*. The domains of contemplation and introspection influence transcendence both directly and through the final domain, *spirituality*. Spirituality was thought to be influenced by all other domains and to directly influence transcendence.

Discussion

      This conceptual model may be useful in planning interventions to promote the development of self-transcendence and holistic successful aging. The model suggests directionality among its components and generates testable hypotheses. It is hypothesized that activities based on antecedents of self-transcendence within one domain might be expected to promote those attributes of self-transcendence within the same domain. For instance, an intervention that provided opportunities for a period of quiet solitude in a setting of natural beauty, followed by a discussion about personal views exploring one's outlook on life, might prompt development of

a broadened perspective on life or a feeling of being an integral part of the cycle of life. A second example of an intervention that

could be derived from the model might facilitate storytelling about one's own personal narrative to communicate with others and

increase a sense of belonging to a group, which might be expected to increase participants' sense of connectedness to others,

acceptance of others, or ability to focus on personally valued relationships with less regard for social roles or expectations. Moreover,

antecedents from more than one domain might be combined. For example, building on the domains of *creativity, contemplation* and

introspection, a session focused on making art might be conducted in a natural setting following an exercise in meditation or guided

imagery while listening to soft music. This activity might be expected to foster development of a sense of wholeness or a shift in

perspective from self to a broadened view of life, while at the same time expressing the self as a unique and valuable person."

    This concept analysis contributed to a better understanding of the meaning of transcendence. Its usefulness as a theoretical

foundation for future development of efficacious, cost-effective interventions that promote transcendence and potentially increase

successful aging was explored. Literature on transcendence from multiple disciplines and sources was reviewed. Factors associated

with transcendence were classified as antecedents of, essential attributes, referents or consequences of transcendence. A definition of

transcendence in relation to successful aging that blended definitions from two theories of transcendence (Tornstam, 1997a; Reed,

2008) was synthesized. Finally, an early iteration of a conceptual model was developed.

    Self-transcendence was negatively associated with depression (Ellermann & Reed, 2001; Reed, 1986a, 1989, 1991) and was

positively associated with resilience, sense of coherence, and purpose in life (Nygren, et al., 2005); emotional well-being and quality

of life (Coward, 1995, 1996; 2008); and life satisfaction (Tornstam, 1997a). Three prior studies that regressed successful aging on

self-transcendence and proactive coping suggested that transcendence may be an important factor related to holistic successful aging (McCarthy, 2009, 2011; McCarthy, Cassidy, & Carini, in review).

It remains to be seen if interventions designed to increase self-transcendence will be effective, and furthermore, whether or not significant effects on successful aging result from any potential increase in self-transcendence. Limited research provides support for the hypothesis (Coward, 2003; Young & Reed, 1995). The conceptual model illustrated relationships among factors related to transcendence and suggested potential causative relationships and directionality which might be useful to generate testable hypotheses for future interventional study. While this model has been reviewed and refined multiple times, it is by no means comprehensive or definitive. Yet development has reached the point at which the idea must be disseminated in order to generate comment and feedback necessary for the model to progress further.

Successful aging is important for the rapidly growing population of older adults, and their families and caregivers. It is also important to society as a whole, which will bear the burden of unprecedented demands on health and social services. This paper argued for the importance of transcendence, a concept from the spiritual domain, as a criterion for a holistic view of successful aging. The outcomes of transcendence – a sense of meaning in life, well-being, and life satisfaction – certainly should be considered essential to any definition of successful aging.

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Figure 1: Conceptual Model of Transcendence

Transcendence

Transcendence is defined as a developmental process resulting in a shift in perspective from a rational, materialistic view to a wider world view characterized by broadened personal boundaries within interpersonal, intrapersonal, transpersonal and temporal dimensions.

Consequences of transcendence are a sense of meaning in life, well-being and life satisfaction with decreased fear of death.

CONTEMPLATION

Attributes
Shift in perspective from rationale to cosmic
Awareness of being part of a cycle of life
Sense of being an integral part of the universe

Antecedents
Existential questioning
Contemplative reading
Philosophical discussion
Closeness to nature
Positive solitude
Meditation

SPIRITUALITY

Attributes
Sense of unity with God, a higher power, or the sacred
Inner peace and acceptance

Antecedents
Religious beliefs and practices
Participation in a faith community
Spiritual reading and discussion
Spiritual direction/mentoring
Meditation
Wisdom

INTROSPECTION

Attributes
Shift from egocentricity to awareness of a dimension greater than the self
Increased self-acceptance
Sense of coherence and ego integrity

Antecedents
Journaling
Internal dialogue
Self-help reading
Guided imagery
Psychotherapeutic insight
Meditation

RELATIONSHIPS

Antecedents
Storytelling/personal narratives
Communicating ideas and feelings with others
Belonging in a family, group or community

Attributes
Sense of connectedness
Acceptance of others
Altruism and generativity
Focus on personally valued people and activities with decreased concern for social roles and expectations

CREATIVITY

Attributes
Expression of the self
Sense of fulfillment
Productive engagement
Orientation toward purposes greater than the self

Antecedents
Making and experiencing art
Life-long learning
Welcoming new experiences
Innovative thinking
Pursuing hobbies
Self-actualization