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Understanding the Presence of Gerotranscendence Among Older Adults

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The theory of gerotranscendence provides a lens counselors can use to view the aging process across the life span and the potential need for counseling services for aging individuals. The authors conducted this study to understand the experience of gerotranscendence among older adults. Thirteen descriptive psychosocial factors were examined in relation to gerotranscendence from data gathered through a 79-question survey. The limitations of the study, implications for counseling practice, and recommendations for future research are discussed.

Keywords: gerotranscendence, older adults, aging, cosmic transcendence, solitude

Older adults in the United States remain an increasing population in need of attention from the field of mental health and counseling (Roybal, 1988; Stickle & Onedera, 2006; Taylor & Hartman-Stein, 1995). Within this population, women constitute the group growing most quickly, followed by African Americans and Latinos (Florida Department of Elder Affairs, 2009; U.S. Census Bureau, 2011). Due to the expanding number of older adults, the need for counselors to address the diverse older adult population is imperative (Colby & Ortman, 2015; Kampfe, 2015). Working from a positive framework helps clients accept lifestyle changes and transitions and continue healthy development in later life (Tornstam, 2005). Developing positively into older adulthood is an important part of the aging process (Tornstam, 2005), especially because humans' life spans are expected to increase (U.S. Census Bureau, 2011).

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THEORY OF GEROTRANSCENDENCE

The theory of gerotranscendence (Tornstam, 1994, 1997b, 2005, 2006) provides a unique lens through which counselors can view the aging process and the potential needs for counseling services as individuals age. This theory suggests a reorientation toward a new perspective and experience of life understood as a spiritual transition rather than simply a withdrawal from the mainstream (Dalby, 2006). The theory operates on three main assumptions: (a) The development toward gerotranscendence is a natural developmental process followed by an increase in satisfaction; (b) certain life crises can accelerate the process toward gerotranscendence; and (c) aging is a process where a person gradually changes from the perceptions, values, and activity patterns of midlife into a life viewed more spiritually or cosmically (Tornstam, 1994, 1997b, 2005, 2006).

In developing and validating the theory of gerotranscendence, Tornstam (2003) conducted several studies of both qualitative and quantitative nature (Tornstam, 1994, 1997b, 2003). Most notably, it was found that empirical studies support a pattern of developmental changes in cosmic transcendence, coherence, and solitude (Tornstam, 2003). Tornstam (1994) developed this theory based on those three levels of change. Cosmic transcendence refers to an increased feeling of connection with the spirit of the universe; a redefinition of the perception of time, space, and objects; a redefinition of the perception of life and death; a decrease in the fear of death; and an increasing feeling of affinity with past and coming generations (Cozort, 2008; Tornstam, 2005). Coherence refers to the discovery of hidden aspects of the self (both good and bad), removal of the self from the center of one's universe, continuation of care of the body without obsession with it, experience of the return to childhood, and the realization that the pieces of life's puzzle form a whole (Cozort, 2008; Tornstam, 2005). Finally, solitude refers to a decreased interest in superficial relationships and desire for materialistic possessions, an increased need for meditation, and a tendency to withhold from judgments and giving advice (Cozort, 2008). These three levels are the basis of understanding gerotranscendence and compose the main dimensions noted in scales of measurement for the theory (Tornstam, 1994, 1997a, 1997b, 2005).

Gerotranscendence is viewed as a spontaneous process of self-transcendence referring to a decreased importance in how individuals define themselves based on the views of society, increasing interiority, and a greater sense of connectedness with past and future generations (Levenson, Jennings, Aldwin, & Shiraishi, 2005). Self-transcendence has been hypothesized as a critical component of wisdom (Curnow, 1999) and adaptation in later life (Tornstam, 1994). Previous research on self-transcendence has been conducted with aging adults and has led to the concept of gerotranscendence (Levenson et al., 2005; Tornstam, 2005). Frankl (1946/2006) described self-transcendence as an innate desire to discover

meaning in human life. Previous researchers have assessed self-transcendence in the context of life-threatening illnesses and end-of-life issues (Levenson et al., 2005; Tornstam, 2005). Researchers have viewed self-transcendence as a growing spirituality including both an expansion of boundaries and an increased appreciation of the present, concluding that transcendence does not necessarily have to await old age but can be realized by individuals at any age through spiritual practices or coping with trauma (Dalby, 2006; Levenson et al., 2005; Tornstam, 2005).

Self-transcendence is believed to increase with age and develops throughout the life span (Dalby, 2006). Likewise, gerotranscendence is thought to be a natural process in older adulthood, but is considered to be inhibited by anxiety and depression, two common factors affecting many older adults in the United States (Klap, Unroe, & Unutzer, 2003). Tornstam (1994) found that gerotranscendence is negatively correlated with anxiety and depression, and that the process of gerotranscendence is accompanied by contentment, satisfaction, and often the disappearance of anxiety and depressive symptoms. It has also been noted that those experiencing a shift toward gerotranscendence often report fewer feelings of loneliness and psychological strain (Tornstam, 1994). Therefore, it is important to note that the process of gerotranscendence might be stifled in those individuals combating depression and anxiety in older age.

NEED FOR THE STUDY

Older adults are the most underserved population with regard to counseling services in the United States (Kampfe, 2015; Karel, Gatz, & Smyer, 2012; Stickle & Onedera, 2006). Rollins (2008) indicated that the number of older individuals with mental illness is projected to increase from 4 million in 1970 to 15 million by 2030, and suicide rates are estimated to be up to six times greater than among younger populations. Several theorists and researchers have attempted to describe the developmental process of older adults using theories such as the disengagement theory (Cumming, Newell, Dean, & McCaffrey, 1960), developmental theory (Erikson, 1950), and continuity theory (Havens, 1968). The theory of gerotranscendence seeks to describe the developmental process of positive older adulthood (Tornstam, 1994, 1997b, 2005, 2006); however, the applicability of the theory to diverse older populations has not been investigated.

PURPOSE OF THE STUDY

For the purpose of this study, we proposed that gerotranscendence provides a framework for mental health counselors to use when working with diverse older adults in the United States. However, its utility requires applicability to all older

adults, particularly those from different cultural and ethnic backgrounds. The construct of gerontranscendence can potentially provide a useful perspective to encourage older clients' pursuit of positive development and transitions. However, few researchers have considered the racial and ethnic implications of this theory and its potential use with various populations. It is still unclear if gerotranscendence is experienced by all cultures and particularly by all older adults in the United States. Although Tornstam (2005) claimed that the process of gerotranscendence is unrelated to culture, few studies have focused on differences in gerotranscendental development across socioeconomic status, culture, race/ethnicity, or geographic location (Ahmadi Lewin, 2001). Additionally, in developing the theory, Tornstam (2005) did not conduct any studies identifying differences based on measures of socioeconomic status or racial and ethnic factors as defined in the current study. The theory of gerotranscendence would benefit from further exploratory studies addressing older adults' socioeconomic, racial, and ethnic factors (Jonson & Magnusson, 2001), making this study an important contribution to the current theoretical state of gerontology and counseling. Our study was based on four research questions:

Research Question 1: Are there differences in the dimensions of cosmic transcendence, coherence, and solitude, using depression as a covariate, when respondents are compared by age group and ethnicity?

Research Question 2: Are there differences in the dimensions of cosmic transcendence, coherence, and solitude, using anxiety as a covariate, when respondents are compared by age group and ethnicity?

Research Question 3: Do depression, educational level, age, gender, ethnicity, number of significant life transitions, number of weekly social interactions, number of children, number of grandchildren, marital status, income, and health status predict the dimensions of cosmic transcendence, coherence, and solitude?

Research Question 4: Do anxiety, educational level, age, gender, ethnicity, number of significant life transitions, number of weekly social interactions, number of children, number of grandchildren, marital status, income, and health status predict the dimensions of cosmic transcendence, coherence, and solitude?

METHOD

Data Collection

Before recruiting participants, we filed an institutional review board application, which was approved. We recruited participants from seven senior centers in four cities in Florida over 1 to 2 days per center. We selected the centers based on varying geographic locations, accessibility to those 65 years of age or older that represent varying racial or ethnic backgrounds, and willingness of the

center to participate in the study. Potential study participants were recruited in center-sponsored education sessions or by the researcher located at a table near the entrance.

In addition to participant confidentiality, we made special accommodations for research with older adult populations. Accommodations were especially important for older adults experiencing age-related physiological changes such as delayed response time (Crane, Cody, & McSweeney, 2004), decreased vision, decreased hearing, decreased mobility, and the tendency to tire easily (Cozort, 2008; Ebersole, Hess, Touhy, & Jett, 2005). One of the first accommodations made focused on reading level. Reading level was of particular concern because reports on literacy in older adults based on studies using the Test of Functional Health Literacy in Adults (Baker, Williams, Parker, Gazmararian, & Nurss, 1999) revealed an average reading level of sixth grade or lower for adults over the age of 65 (U.S. Department of Health and Human Services, 2008). Reading level and vision decrease with age, and Test of Functional Health Literacy in Adults scores typically decrease 10 points with every decade of age (Baker, Gazmararian, Sudano, & Patterson, 2000). Written material printed in a font of 14-point or larger Times New Roman script is the most easily read by all adults over the age of 65 (Baker et al., 1999). Therefore, all printed material was made available at a maximum of sixth-grade reading level and printed in appropriate font. Researchers also read aloud distributed material individually to participants as requested.

A second accommodation made was the time of day chosen to administer the survey. Administration of the survey was conducted during the morning hours, with the exception of sites requesting alternative hours. Finally, appropriate accommodations for limitations imposed by physical impairments such as wheelchair access, walkers, and ramps were discussed with each center before the center was selected for use in the study. These accommodations are consistent with previous research conducted with older adults (Cozort, 2008).

Three instruments and a demographic form were used in this study and were distributed in paper/pencil form. The instruments were the Gerotranscendence Scale–Revised (GS-R; Cozort, 2008), the Beck Depression Inventory–II (BDI-II; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), and the Beck Anxiety Inventory (BAI; Beck, Epstein, Brown, & Steer, 1988). Cozort (2008) evaluated the psychometric properties of the GS-R and, after a two-phase analysis, concluded that it had adequate content and face validity, internal consistency, and test–retest reliability for each of the three dimensions.

Participants

We used a cross-sectional descriptive survey research design for this study. We used a nonprobability convenience sampling method to collect data on racially and ethnically diverse adults over the age of 65 in the state of Florida. It was

estimated that a minimum of 129 participants would be needed in order to achieve statistical significance in this study. The estimated sample size was obtained using a model accounting for the study's desired alpha level ($\alpha = .05$), the total number of predictors in the model ($k = 13$), the anticipated effect size ($f^2 = .15$), and the desired statistical power level (.80; Cohen, Cohen, West, & Aiken, 2002). The desired minimum of 129 participants was obtained, with a total of 130 individuals participating.

We recruited participants from seven senior centers in Florida: Pensacola (three centers), St. Petersburg (two centers), Miami (one center), and Jacksonville (one center). Of the seven senior centers selected, 39.2% of the participants were from centers in Pensacola, 26.9% were from the Miami center, 20.0% were from the Jacksonville center, and 13.9% were from centers in St. Petersburg. Participants ranged in age from 63 to 92 years, with a mean age of 76.82 years ($SD = 7.23$). The sample included 35.4% men ($n = 46$) and 64.6% women ($n = 84$).

Participants had the option of selecting one of eight boxes that best described their ethnic identification. The majority of the participants (76.9%, $n = 100$) identified as White/Caucasian, 10.0% ($n = 13$) as Hispanic/Latino(a), 6.2% ($n = 8$) as Black/African American, 3.8% ($n = 5$) as Native American, 1.5% ($n = 2$) as Puerto Rican, and 1.5% ($n = 2$) as multiracial. Percentages do not total 100 because of rounding.

We distributed the survey in both Spanish and English versions, with 119 individuals (91.5%) completing the survey in English and 11 individuals (8.5%) completing the survey in Spanish. Participants were also asked about their educational levels and marital status. The majority of the participants, 93.8% ($n = 122$) completed at least high school, and 6.2% ($n = 8$) completed middle school/grade school. Of those who completed at least high school, 23.8% ($n = 29$) completed an associate's degree, 17.2% ($n = 21$) completed a bachelor's or 4-year degree, 9.0% ($n = 11$) completed a graduate or master's degree, 9.8% ($n = 12$) completed a doctoral degree, and one participant (0.8%) did not provide a response. Regarding participants' marital status, 39.2% ($n = 51$) of the population sampled were widowed, 34.6% ($n = 45$) were married, 16.2% ($n = 21$) were divorced, 4.6% ($n = 6$) were single/never married, 1.5% ($n = 2$) were in a life partnership/civil union, and five participants (3.8%) did not provide a response.

RESULTS

This study's first two questions used a multivariate analysis of covariance (MANCOVA) design. The study's third and fourth questions used a multiple linear regression design. The analysis and findings are presented in the following sections.

Research Question 1

A factorial 3 × 2 MANCOVA was conducted to determine the effects of age group and ethnicity on cosmic transcendence, coherence, and solitude scores using depression as a covariate. We assessed the data prior to analysis to ensure that the assumptions of MANCOVA were met. The Box's M test (p = .134) and Levene tests for cosmic transcendence (p = .284), coherence (p = .358), and solitude (p = .944) indicated that the assumptions were met.

The test for the multivariate interaction effect was not statistically significant, Wilks's λ = .92, $F(6, 242)$ = 1.74, p > .05. There was no statistically significant interaction between age group and ethnicity. However, the univariate results indicated that the dependent variable of solitude was significantly affected by the age group and ethnicity interaction, $F(2, 129)$ = 4.79, p = .010. The multivariate main effect for age group, Wilks's λ = .90, $F(6, 242)$ = 2.21, p = .043, indicated a significant effect on the dependent variable. The univariate analysis of variance (ANOVA) results indicated that the dependent variable of solitude was significantly affected by the independent variable age group, $F(1, 129)$ = 5.09, p = .008. The multivariate main effect of ethnicity, Wilks's λ = .94, $F(3, 121)$ = 2.41, p = .070, did not indicate a significant difference on the dependent variable. The univariate ANOVA results indicated that the independent variable ethnicity only significantly affected the dependent variable of cosmic transcendence, $F(1, 129)$ = 7.23, p = .008. The multivariate covariate of depression significantly influenced the multivariate dependent variable, Wilks's λ = .84, $F(3, 121)$ = 7.43, p < .001. Additionally, the univariate ANOVA results indicated that the covariate depression significantly affected both the dependent variables coherence, $F(1, 129)$ = 8.16, p = .005, and solitude, $F(1, 129)$ = 5.69, p = .019.

Research Question 2

A factorial 3 × 2 MANCOVA was conducted to determine the effects of age group and ethnicity on cosmic transcendence, coherence, and solitude scores using anxiety as a covariate. Data were assessed prior to analysis to ensure that the assumptions of MANCOVA were met. The Box's M test (p = .134) and Levene tests for cosmic transcendence (p = .284), coherence (p = .446), and solitude (p = .998) all indicated that the assumptions were met.

The test for the multivariate interaction effect was statistically significant, Wilks's λ = .90, $F(6, 242)$ = 2.31, p = .035. Additionally, the univariate results indicated that the dependent variable of solitude was significantly affected by the age group and ethnicity interaction, $F(2, 129)$ = 6.64, p = .002. The multivariate main effect of age group, Wilks's λ = .88, $F(6, 242)$ = 2.67, p = .016, indicated a significant effect on the multivariate dependent variable. The univariate ANOVA results indicated that the dependent variable of

solitude was significantly affected by the independent variable age group, $F(1, 129) = 6.65$, $p = .002$. The multivariate main effect of ethnicity, Wilks's $\lambda = .94$, $F(3, 121) = 2.60$, $p = .056$, did not indicate a significant effect on the dependent variable. The univariate ANOVA results indicated that the dependent variable of cosmic transcendence was significantly affected by the independent variable ethnicity, $F(1, 129) = 7.10$, $p = .009$. The multivariate covariate of anxiety influenced the dependent variable, Wilks's $\lambda = .92$, $F(3, 121) = 3.30$, $p = .023$. Additionally, the univariate ANOVA results indicated that the dependent variable of solitude was significantly affected by the covariate anxiety, $F(1, 129) = 9.35$, $p = .003$.

Research Question 3

To address this question, we used three separate multiple linear regression models, including 12 predictor variables: health status, number of significant life transitions, number of children, number of grandchildren, number of weekly social interactions, gender, educational level, ethnicity, age, marital status, income, and depression (as evidenced by scores on the BDI-II). We used a probability level of $p \leq .05$ to test for significance. All of the variables were entered into the model, and it was statistically significant, $R = .46$, $R^2 = .21$, $R^2_{adj} = .12$, $F(11, 95) = 2.29$, $p < .015$, and accounted for 21.0% of the variance in cosmic transcendence scores. The only statistically significant predictor of cosmic transcendence was found to be ethnicity ($\beta = .35$, $t = 3.65$, $p = .000$). The second regression model included the dependent or outcome variable coherence. All of the variables were entered into the model, and it was statistically significant, $R = .45$, $R^2 = .21$, $R^2_{adj} = .11$, $F(11, 95) = 2.23$, $p = .018$. Statistically significant predictors of coherence were found to be depression ($\beta = -.27$, $t = -2.62$, $p = .010$), ethnicity ($\beta = .26$, $t = 2.65$, $p = .009$), and number of children ($\beta = .32$, $t = 2.13$, $p = .036$). The third regression model included the dependent or outcome variable solitude. All of the variables were entered into the model, and it was not found to be statistically significant, $R = .41$, $R^2 = .17$, $R^2_{adj} = .07$, $F(11, 95) = 1.74$, $p = .075$.

Research Question 4

To address this question, we used three separate multiple linear regression models, including 12 predictor variables: health status, number of significant life transitions, number of children, number of grandchildren, number of social interactions, gender, educational level, ethnicity, age, marital status, income, and anxiety (as evidenced by scores on the BAI). A probability level of $p = .05$ or less was utilized for testing significance. The first regression model included the dependent or outcome variable cosmic transcendence. All of the variables were entered into the model, and the model was statistically significant, $R =$

.47, R^2 = .22, R^2_{adj} = .13, $F(11, 95)$ = 2.42, p = .011, accounting for 21.9% of the variance. Statistically significant predictors of cosmic transcendence were found to be ethnicity (β = .36, t = 3.75, p = .000) and number of weekly social interactions (β = .19, t = 1.99, p = .050). The second regression model included the outcome variable coherence. All of the variables were entered into the model, and it was not found to be statistically significant, R = .39, R^2 = .15, R^2_{adj} = .06, $F(11, 95)$ = 1.56, p = .124. The third regression model included the dependent or outcome variable solitude. We entered all of the variables into the model, which was not statistically significant, R = .37, R^2 = .14, R^2_{adj} = .04, $F(11, 95)$ = 1.36, p = .206.

DISCUSSION

Although there are no known studies that would support or contradict the findings related to ethnicity and cosmic transcendence, Tornstam (2005) made the case for the theory of gerotranscendence reflecting the attitudes and beliefs of many non-Western cultures. Tornstam (1994) noted that it is likely that a comparative study may show the process of gerotranscendence to be somewhat different in various cultures. In fact, Ahmadi (1998, 2000; Ahmadi Lewin, 2001; Ahmadi Lewin & Thomas, 2000) found that cultural elements are to be regarded as modifiers to the development of gerotranscendence, namely that the process of gero-transcendence might be experienced differently in different cultures. Ahmadi Lewin (2001) pointed to the more fundamental ways of thinking and constructing reality, which differ among cultures, as one of these modifiers. Ahmadi (1998) found that, for example, Turkish individuals tend to develop gerotranscendence more easily than do their Western counterparts because of an element of Sufism in their culture. Racial/ethnic identity and cultural identity are very different concepts (Kampfe, Harley, Wadsworth, & Smith, 2007); however, it is not surprising that the dimension of cosmic transcendence, which reflects the importance of community and family, would align with the values of individuals from non-Western cultures.

The relationship between increased number of weekly social interactions and the dimension of cosmic transcendence is a new finding in the field of counseling. According to Tornstam (2005), a qualitative study with 50 individuals between the ages of 52 and 97 years revealed "the need for and the pleasure of contemplative positive solitude" (p. 75). He described this solitude as a development in late life in which individuals become more selective of the types of social interactions in which they engage. The current results indicate the opposite to be true. In fact, these results identified that higher numbers of weekly social interactions were a predictor of higher

scores on the cosmic transcendence subscale. This contradiction in findings indicates the need to continue to explore the subscales of the GS-R to fully understand and define the dimensions of the theory.

Depression, although an influential variable in this analysis, was found by Tornstam (1994, 2005) to be negatively correlated with all three dimensions of gerotranscendence, but namely cosmic transcendence and coherence. As previously noted, gerotranscendence is thought to be a natural process in older adulthood, but is considered to be inhibited by anxiety and depression, two common factors affecting many older adults in the United States (Klap et al., 2003). Tornstam (1994) found that the process of gerotranscendence is accompanied by contentment, satisfaction, and often the disappearance of anxiety and depressive symptoms. It has also been noted that those experiencing a shift toward gerotranscendence often report fewer feelings of loneliness and psychological strain (Tornstam, 1994). It is surprising to note that in our study, depression was influential for scores on the coherence subscale, whereas previous studies (Tornstam, 1990, 2005) revealed a negative correlation with two scales designed to measure depression. The finding that depression was identified as a factor that significantly influenced scores on the coherence subscale points to the need for additional research into the GS-R and its subscales.

Ethnicity was found to be a predictor of coherence scores, indicating that those of diverse racial/ethnic backgrounds had higher scores on this subscale. Coherence refers to the discovery of hidden aspects of the self (both good and bad), removal of the self from the center of one's universe, continuation of care of the body without obsession with it, experience of the return to childhood, and the realization that the pieces of life's puzzle form a whole (Cozort, 2008; Tornstam, 2005). Once again, the relationship between ethnicity and coherence could be viewed through a cultural lens and noted as a non-Western shift toward the end of life. Although the variable of ethnicity was significant in this analysis, it deserves further attention due to its overwhelming significance with gerotranscendence, as presented in this study.

Additionally, participants' number of children was found to be a predictor of coherence scores, which could indicate that those who have had children might better be able to see their lives from a generational perspective, leading to a lesser focus on oneself. Tornstam (2005) noted that the simple act of having children can result in higher coherence scores, as it is a natural and positive development in the life process. It should also be noted that in previous studies, Tornstam (2005) found that, of the significant variables, age was the most highly correlated factor with coherence, followed by gender, then marital status, and finally income. The same was not true in the current study. Although we included all of the previously noted variables in this study, none were found to be significant.

However, age was found to significantly influence solitude scores in this study. Those with the highest scores on the solitude subscale were the group known as the old-old (74 to 85 years of age), followed by the young-old (55 to 73 years of age), and finally the oldest-old (those 85 years and older). Solitude refers to a decreased interest in superficial relationships, an increased need for meditation, a decreased desire for materialistic possessions, and an increased tendency to withhold from judgments and giving advice (Cozort, 2008). A surprising finding in these results was that the oldest-old age group—those 85 years of age and older—had the lowest scores on the solitude subscale, showing less of a tendency toward development into solitude. Tornstam (2005) noted that the need for positive solitude increases with age, resulting in a withdrawal from mainstream obligations in later life. Previous studies have found that age is an influential factor in solitude scores, but that the lowest scores should be viewed in the young-old group and the highest scores in the oldest-old group (Tornstam, 1994, 2005). This contradiction in findings could also be related to the GS-R scale properties and again furthers the argument for scale revision.

Depression and anxiety were also both found to be influential variables affecting scores on the solitude subscale. Tornstam (2005) found both anxiety and depression to be negatively correlated with all three dimensions of gerotranscendence, and noted that the process of gerotranscendence is accompanied by contentment, satisfaction, and often the disappearance of anxiety and depressive symptoms (Tornstam, 1994). However, the dimension of solitude has been critiqued by some as mimicking the symptoms of depression because it shares some of the same characteristics (Tornstam, 2005). Tornstam (2005) combated these accusations by stating that gerotranscendence is negatively correlated with depression, mental illness, and consumption of psychotropic medication and that increased positive solitude is a natural developmental process unrelated to the symptoms of depression or anxiety. It is arguably difficult to distinguish between positive solitude (one's desire to meditate on life as a whole) and depression (a negative societal withdrawal) through survey items. It also may be difficult to determine whether the physical symptoms of anxiety (as measured by the BAI) are a full representation of anxiety or an indication of more physical decline in older adults. It is noted that additional research is needed on the GS-R to gain a more complete understanding of the construct, but the dimension of solitude might be a difficult concept to distinguish based on the questions presented to represent depression and anxiety symptoms in the instruments used.

Limitations of the Study

Although the results of this study offer insight into the presence of gerotranscendence among older adults in Florida, they are limited and must be interpreted within the context of this study. Therefore, the results of this study are not generalizable beyond the population studied. Limitations included the overall

nature of the study, the sample population, instruments used, and the use of self-report measures. The study was designed to minimize such limitations; however, the results may have been affected by any of the mentioned factors.

The nature of the study and the sample population should be considered the largest limitations. The theory of gerotranscendence was developed with a mainly White group of older adults in Europe. Although the aim of the current study was to include diverse older adults, fewer racial minorities participated in this study than we hoped to include. We noted that many individuals lacked trust, did not want to provide information that might be too revealing, and were reluctant to participate in this project. One problem might have been that the concept of gerotranscendence could have been seen as too abstract, because many of the senior centers had a great amount of racial and ethnic diversity, but the majority of those choosing to participate were White/Caucasian. Additionally, the sampling strategy may have caused problems with recruiting diverse individuals. The inclusion of only senior centers for recruiting participants may have limited the number of partici-pants. A wider participant base may have resulted if additional facilities were attended, such as religious/spiritual meeting places. Also, using senior centers as data collection sites might have also influenced the variable of social in-teractions because senior centers are intrinsically social facilities where older adults gather for activities with their peers. The use of other types of senior sites may have resulted in different outcomes.

Implications

These results have several implications for counseling practice with older adults in the United States. The results directly pointed to higher levels of depression and anxiety during development into older adulthood, as noted in previous research (Klap et al., 2003). Thus, these increases should be noted when working with older clients. Older adults are also at a disadvantage in the United States with respect to health care, mental health care, and social services (Calasanti & Slevin, 2006). Researchers might use these findings to develop interventions and strategies for older clients. Additionally, results indicated that gerotranscendence may be experienced differently among diverse individuals. Thus, counselors should develop specific interventions and frameworks for diverse cultural groups related to gerotranscendence and aging.

CONCLUSION

The findings of this study emphasize the importance of continued research on the theory of gerotranscendence with diverse older adults. The present investigation revealed a strong link between ethnicity and development to-ward gerotranscendence. The 130 participants in this study composed a small portion of those who could benefit from increased awareness and research on positive aging strategies. By taking the first steps into looking at how the

theory of gerotranscendence relates to those of varying racial backgrounds, this study contributes to the advancement of gerontology, cultural awareness, and the counseling profession as a whole; however, much work is still needed to further understand the full spectrum of how to best work with and for the many diverse individuals within the older adult population.

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