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Engaging Aging

Gerotranscendence Theory: A Fresh Look at Positive Aging

By Sister Sherryl White, CSJ, Ph.D.

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“There is a saying in the Talmud: You don’t see things as they are, you see things as you are.”

*Richard Fournier,
The Eyes to See: The Poetic Vision of Thomas Merton*

Whether you’re planning for elder services or in the midst of age related changes yourself, it’s always important to understand the ground from which you move. When you take that deeper look, you’ll find that a theory is a bit like a pair of eye-glasses. Pick one up, look through it, and suddenly you’re seeing things in a whole different light. It’s as if the world you’ve become accustomed to shifts into focus in a new way. A good theory can offer a better way to interpret your experiences, organize your thinking, make sense of the world, and ultimately shape your course of action. Gerotranscendence is just such an exciting theory in the field of social gerontology. Through the lens of gerotranscendence theory we can find a way of understanding the aging experience and consider new implications for models of care.

Origin and Foundation

Dr. Lars Tornstam, a Swedish sociologist and author of gerotranscendence theory, first published the early beginnings of his research in the late 80s. He suggests that people continually develop new ways of viewing and experiencing their world, especially as they live into their senior years. Far from being in decline, regardless of physical limitations, they keep developing new perspectives that shape their very essence as individuals. It could be said that we fundamentally redefine ourselves as we grow older. And, importantly, that new sense of self probably doesn’t fit the

Sister Sherryl White is a member of the Sisters of St. Joseph of Baden, PA. As a social psychologist, she ministers internationally to apostolic and contemplative communities, facilitating Chapters, strategic planning, workshops, and retreats. Also Editor of NRRO’s publication, *Engaging Aging*, Sherryl brings her particular expertise on the psychological and spiritual qualities of life in light of the aging process and how this impacts organizational development. Her writings have appeared in *America* magazine and on the website for the Religion Division of Lilly Endowment, Inc. She has served on the board of George Fox University Interfaith Discernment Project, and was an invited scholar on the Lilly Foundation’s national consultation project on preparing leaders for ministry.



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popular profile of “successful aging.” Nonetheless, elders experience a positive quality of life that transcends ordinary boundaries.

Quoted in a 2010 New York Times article by Paula Span, Tornstam stated, “We develop and change; we mature... It’s a process that goes on all our lives, and it doesn’t ever end. The mistake we make in middle age is thinking that good aging means continuing to be the way we were at 50. Maybe it’s not.”

One Size Doesn’t Fit All

In the circles of lifelong formation in religious life, the fallacies of “one size fits all” seem to be well recognized. From the complexities of initial formation to the varied resources available for lifelong spiritual renewal, we have created a rich palette from which to choose. But what happens as one approaches the elder years? How many choices are available? How are communities listening to elder members define and declare their experiences and needs?

Oddly enough, as one moves into elder years and the environments of supportive and skilled care, the member returns to a dynamic of ongoing “assessment” that typically accompanies initial formation. Certainly, the nature of the evaluations is different, but the essence of being evaluated is the same. Someone else is taking a look at your life and determining your “progress.” And that’s not easy. What authority is being given to the elder’s voice?

Influence of Theoretical Perspective

As Tornstam continued his research in social gerontology, listening extensively to thousands of people who themselves had experienced the changes of aging, he began to realize that it wasn’t necessarily their feelings or behaviors that were problematic. Rather, it was the perspective from which you viewed and interpreted the experiences. For exam-

ple, the currently popular “activity” perspective influences many of our country’s elder care facilities. It maintains that physical and social activity are indicators of healthy living. Consequently, programming is directed to involve residents in multiple opportunities for group activities and social engagements. The success of the facility is often equated with its wide breadth of social opportunities.

What happens, then, to those elders experiencing a greater need for solitude? What judgments are placed upon those who intentionally seek to tighten their social circle, not expand it? From an activity perspective, the elder might be flagged as withdrawn, isolated, and possibly even depressed. But from the perspective of gerotranscendence theory, those are healthy indicators of maturity. Consider also the elders who don’t seem to distinguish clearly between past and present time, repeatedly weaving stories from their childhood into current realities. From the viewpoint of a medical or pathology perspective, they might be assessed as disoriented. However, this very same behavior is viewed as a normal development when viewed through the lens of gerotranscendence theory.

Tornstam is quick to note that he is not advocating his theory of gerotranscendence to the exclusion of others. The various perspectives of medical, activity, and continuity models, to name just a few, may be appropriate in their interpretations. However, he

Sr. Helen Heher, OSB, enjoys a few quiet moments by Seven Mile Creek that flows through the grounds of St. Benedict’s Monastery, Erie, Pennsylvania.



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suggests that gerontology needs fresh thinking to weigh the influence of societies focused on productivity, activity, power, influence, independence, and control.

Potential of Gerotranscendence Theory

Gerotranscendence theory holds potential to positively influence the experience of aging, attitudes toward aging, and actual care of elders. Its validity has been demonstrated as offering a coherent developmental pattern of aging that correlates with life satisfaction and a positive quality of life. When elders are presented with a validation of their behaviors as being normal through an understanding of gerotranscendence, a sense of anxiety and even guilt about being on the “fringes” is lifted. That, in itself, is a significant gift. Consider the research of Becca Levy, a psychologist at Yale University, who found that elders with a positive view of aging lived 7.5 years longer. In short, gerotranscendence seems to work. And the acid test of how it resonates with elders themselves is passed with flying colors. It is their very language that shapes the theory and many elders seem to recognize and own it.

Dimensions of Gerotranscendence

As Tornstam examined the wide spectrum of self-reported behaviors and feelings among elders, he found that they clustered into three dimensions: (a) the experience of time and nature, referred to as the cosmic level; (b) a sense of self; and (c) personal and social relationships. The consistent changes that occur in each dimension comprise the outline of gerotranscendence. Both caregivers and later quantitative studies have validated these results.

While the characteristics of each dimension are easily recognizable, the distinct challenge is to consider them not as signals of pathology, abnormality, or risk, but as indicators of healthy aging. In view of society’s “busy ethic,” a term coined by David

Ekerdt regarding retirement, this is more challenging than it might seem.

Cosmic Level. This dimension addresses the overarching philosophical considerations operative in the personal experience.

- There is a changing sense of time, characterized by less distinction between past and present.
- There is a decreased fear about death itself, though they may remain apprehensive about the dying process. This apprehension is usually associated with the prospect or experience of pain.
- Comfortable with things beyond their understanding, they speak more easily of a sense of mystery in their lives. This heightened awareness often finds new expression through the arts, particularly as language becomes inadequate to capture their realities.
- Life unfolds on an almost microscopic level as increasingly small things or events become sources of joy.
- Music and contact with nature become new means of communion and important sources of comfort and peace.
- There is a decreasing need to be seen as “significant” on individual terms.
- Linkages across generations become more



Sister Patricia Conway, OCD, pauses by the window at Carmel of the Holy Family Monastery, Cleveland, Ohio.

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important. Family ancestry gains new interest and they enjoy seeing themselves as a part of the longer continuum of history.

- Childhood experiences become more alive and important to remember.

Level of Self. Contrary to theories that assume the personality is unchangeable and the concept of self is fixed, this dimension addresses the mutable nature of self. Solitude and peacefulness are essential to facilitate the processes of personal integrity.

- Elders continue to both discover new sides of themselves as well as to redefine or re-interpret qualities in themselves. These processes of self-definition usually focus on self in the context of relationship with others. The self is not considered in isolation.
- There is a decreasing need to be center-stage, but at the same time, a greater struggle to maintain self-confidence.
- A growing sense of altruism takes precedence over their personal needs. Among women, this is a less noticeable development as altruism appears already foundational throughout their lives.
- Life appears to make sense as a coherent whole. The chaos and frenzy of earlier years have calmed as life's puzzle pieces seem to fall into place.

Level of Personal and Social Relationships. This dimension assumes that social interactions do not maintain the same value over the course of one's life, but change in value and importance.

- There is a growing need for positive solitude.
- Elders become increasingly selective about their social relationships. It is not a case of passive withdrawal, but an intentional preference to

tighten their social circle and activities.

- “Emancipated innocence,” a spontaneity that moves one beyond expected social norms, gives them greater confidence and an ability to freely express their feelings and opinions. They are not hampered with concerns of prestige.
- Material assets become less important.
- With a growing sense of life's ambiguity, elders become less prone to give advice as the “wisdom figures.” Pre-conceived notions of wisdom regarding what is right or wrong give way to humility, tolerance, and acceptance.



Benedictine Monks of Subiaco Abbey in Subiaco, Arkansas. Photo by Jim Judkis/Judkisphoto@comcast.net

Implications for Care

Once again, Tornstam does not advocate that gerotranscendence is the sole determinant of the aging experience nor the only theory that should determine appropriate models of care. However, if the aforementioned characteristics find any resonance, it would seem worthwhile to at least factor in the theory when considering services and environment for elder living. A few options for care include:

- Educate care staff about the theory and facilitate discussions that allow for possibilities of alternative assessments.
- Engage elder members about their experiences of aging and encourage opportunities for wider sharing across age cohorts.
- Invite intentional discussions about positive solitude. Revisit the way solitude is interpreted.

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- Find the balance between encouraging participation in activities and accepting their “no thank you.”
- Occasionally, provide members with a choice to dine privately or with their preferred circle of companions. This would be more important in settings that always have large group dining. It could be accomplished by extending the serving time so the member could elect to avoid the usual “rush.”
- Examine common spaces for noise levels. Be intentional about the balance of quiet and stimulation. If television or music is always on, what are the opportunities for quiet space apart from one’s room or the chapel?
- Ensure that access to “nature” is available, even if only with a chair by a window.
- Facilitate intentional opportunities of reminiscence for senior members. This could be as simple as encouraging staff to take time to encourage and listen to stories. Popular processes include creative journaling, writing, and storytelling. The experience of reminiscence is not so much about identity as it is about integrating the sense of self on the larger continuum of time.
- Enlist the resources of the community archivist to create weekly or monthly displays in common areas. Enlarged photographs of earlier years usually stir interest and provoke stories. Encourage the archivist to tap the living history stories that the members hold.

Even these few changes can signify a significant shift in the norms of care. This is particularly true in terms of a facility that has a strong medical model of care. But studies have shown that senior nurses with the most experience are early adopters of gerotranscendence theory. They see most quickly that the behaviors described in gerotranscendence theory are, in fact, quite “normal.” Facilitating conversations about gerotranscendence between staff and senior residents is a good way to explore its impact and sustain changes in attitude and practices of care.

Going Forward

As many of our religious communities look ahead, the demographic changes that are happening in society are also happening in our midst. Baby boomers, the largest segment of the population, are moving into their elder years. This does not have to signal alarms of inevitable gloom and doom. In fact, this demographic shift can be an opportunity of positive influence.



Franciscan Sisters of St. Joseph in animated conversations about their future during their General Chapter, 2014. Their motherhouse is located in Hamburg, New York.

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By virtue of being a strong demographic cohort, this age group has always been influential in its sheer force of numbers. Statistics from the National Religious Retirement Office provided as of December, 2013, indicate that in 10 years, two-thirds of the baby boomers will have shifted to retirement age. In other words, the rising elders are a large and fast approaching wave on the horizon. (For statistical data, go to <http://www.usccb.org/about/national-religious-retirement-office/upload/Statistical-Report.pdf>)

There are important conversations about aging beyond properties, facilities, and cost of care that need to take place as communities continue their efforts to be proactive in care of elders. Baby boomer religious are well situated to call for these intentional engagements. Consider these questions as possible starters for reflection:

- What are our assumptions and attitudes about aging?
- What are our hopes for our own elder care in the future? How do we want our senior years to take shape?
- What resources will be important to facilitate our positive aging?

Conclusions

Gerotranscendence theory offers a normative look at the changes that proceed throughout life, especially as we move into the senior years. Empirical research has demonstrated that its foundational principles can positively influence attitudes as well as care structures.

A basic premise in organizational science states that the quality of any organization is a function of its members' awareness. Intentional conversations that take up the challenges of aging can only serve to empower the total membership and ultimately enhance a positive quality of life.

Resources

BOOKS and ARTICLES

Erikson, J.M. (1997). Gerotranscendence. In E.H. Erikson, *The Life Cycle Completed*. New York: W.W. Norton.

Tornstam, L. (2005). *Gerotranscendence: A Developmental Theory of Positive Aging*. New York: Springer Publishing Company.

Tornstam, L. (1997). Gerotranscendence: The contemplative dimension of aging. *Journal of Aging Studies*, 11(2), 143-154.

Tornstam, L. (2000). Transcendence in later life. *Generations*, 23(4), 10-14.

Waldensten, B. & Carlsson, M. (2002). Theory-driven guidelines for practical care of older people, based on the theory of gerotranscendence. *Journal of Advanced Nursing*, 42(2), 118-124.

WEBSITES

Uppsala University website lists a rich series of resources for gerotranscendence reading and study. This university was the seat of Tornstam's research. He held the first Swedish chair in social gerontology here and established the social gerontology research group. <http://www.soc.uu.se/forskning/forskningsprojekt/gerotranscendence/>

"Aging's Misunderstood Virtues" by Paula Span, cited in this issue. http://newoldage.blogs.nytimes.com/2010/08/30/appreciating-the-peculiar-virtues-of-old-age/?_r=0#more-4877

Bibliography: <http://www.soc.uu.se/forskning/forskningsprojekt/gerotranscendence/Publications+on+Gerotranscendence/>

From the Offices of NRRO

Brother Bob Metzger, SM, Associate Director for Planning and Education

Gerotranscendence? Until a few years ago I had never heard the term before. This is not totally surprising as I am a Certified Public Accountant and spent most of my ministry years working in province finances. This is not a term that arises very often in accounting circles! Yet it is a good way to help understand our aging experience.



Dr. Tornstam, the researcher who developed the theory of gerotranscendence, never actually defines the term but describes the concept through his analysis. The term comes from the words “gero” (“old age” in Greek) and “transcendence” (“to climb over” in Latin). In other words, it is a developmental stage that occurs when an individual who is living into very old age shifts their perspective. We decided to use this issue of *Engaging Aging* to write about gerotranscendence because it is a different way of understanding our elder members.

In her article Sr. Sherryl gives a very good explanation of what gerotranscendence is and what it means for elders. As with all gerontological theories, it is not the only way to understand and work with our elder members. It is a way to understand that behaviors outside the “norm” are, in fact, perfectly natural signs of healthy maturing

Being a very practical person, the section of her article that I like the best is what the implications of this theory of gerotranscendence are. As I move later into my elder years, I know one of the things that I enjoy is being outside, especially as we begin anew with spring. I know I would much rather take

a walk in the woods than participate in group activities of playing bingo or building bird houses from Popsicle sticks! Does this mean that I am withdrawing from community? I know it doesn't and the theory of gerotranscendence helps me and others to understand that.

As always, we welcome your thoughts and comments on this issue of *Engaging Aging* or other ideas and reflections for future issues.

Calendar

March 31

- **Direct Care Assistance applications due (postmarked by March 31st)**

April 21 - 23

- **NRRO Planning and Implementation workshop; Dayton, Ohio (Filled)**

May 19

- **NRRO Webinar on hearing loss at 1 PM ET**

June 15 - 22

- **Direct Care Assistance checks mailed**

Reminder: Stay Connected

- Please send changes in address, phone, e-mail, or congregational leadership to the NRRO, c/o Tiffany Lezama (tlezama@usccb.org), so that we may keep our records and mailing lists updated.
- If you are not currently receiving “Engaging Aging” and would like to do so, please send your name and email address to the NRRO, c/o Tiffany Lezama (tlezama@usccb.org).

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Staff

Executive Director

Sister Janice Bader, CPPS

jbader@usccb.org

Associate Director of Fund Distribution

Brother Hank Sammon, FMS, JCL

hsammon@usccb.org

**Associate Director for Planning
and Education**

Brother Bob Metzger, SM

rmetzger@usccb.org

Program Specialist

Monica Glover

mglover@usccb.org

Administrative Assistant

Tiffany Lezama

tlezama@usccb.org