

Divergent Aging:
An Exploration of Successful Aging Paradigms
and Unique Factors That Impact Diverse Women

by

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ABSTRACT

This research examined successful aging in a convenience sample of 14 women in Phoenix, Arizona. The study used a mixed methods approach involving individual interviews and administration of a standardized instrument designed to measure success using an alternative construct, gerotranscendence. Explorative questions were designed to gather data regarding diverse women's lived experiences. In order to examine the impact of lived experiences on successful aging, demographics were collected and participants were administered the gerotranscendence scale further revised. Findings reveal that when success is conceptualized using gerotranscendence theory, women of color may still appear less successful than their white counterparts. Narratives yielded rich data regarding the influence of factors such as care giving and violated expectations. This research helps to expand the knowledge base on factors that impact successful aging of diverse women. This research contributes to the field of social work by providing insight into the complex factors that impact diverse woman, which may aid in the empowerment of social workers to advocate for more effective macro interventions for diverse older women.

DEDICATION

This research is dedicated to the inspirational women who participated in my study. I learned something invaluable from each of you. Thank you for sharing a piece of your lives with me.

ACKNOWLEDGMENTS

I would like to thank Robin Bonifas, for her encouragement, flexibility, constant feedback and honest appraisal of my thesis. A special thank you to Beverly, without your honest critique, this work would not have been possible. Thank you to my supportive friends and family who encouraged me through the entire process.

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Chapter 1

INTRODUCTION

My mother is a dynamic woman of color who has been caring for children her entire life; she is the inspiration for this research. When I began my graduate course work my mother was raising four of her grandchildren. I began to wonder what success in late life would entail for my mother, and diverse women like her. The term “diverse women” for the purpose of this paper includes women of color, women of low socio-economic status, and those who are providing kinship care or caring for their aging family members. A number of studies have been conducted on older women, however the focus of past studies has been largely on demographics, emotional, and cognitive influences (McMullin, 2000; Paulson, Bowen, Lichtenberg, 2011; Ross-Sheriff, 2008). Diverse women’s experiences of aging within the social context have rarely been captured in a qualitative manner. This is especially important for the field of social work. Social workers often advocate for populations whose voices go unheard, however without insight into this population’s lived experiences, social workers risk promoting and creating macro level interventions that are unfair and ineffective. Therefore, it is important for social work researchers to address gaps in the literature related to diverse women. It is imperative to include women of color and care giving women in research because doing so allows them voice. The aim of this research study is to examine demographic as well as social factors that impact successful aging among diverse women in or approaching late life. Given that “there is a need for qualitative research that can describe and analyze the nuanced experiences of older women and provide a knowledge base to form policy and social work practice” (Ross-Sheriff, 2008, p. 310), this research

employs qualitative methods to examine factors that impact the successful aging of diverse women. Narratives and life histories are constructive methods used to examine the complex experience of aging (Ross-Sheriff, 2008). Therefore, this study involves semi-structured interviews using explorative questions designed to gather data regarding diverse women's lived experiences. In order to examine the impact of lived experiences on successful aging, the study also uses a standardized tool designed to measure success using an alternative construct, gerotranscendence. Gerotranscendence theory will be examined in detail in chapter 2.

The study is guided by a feminist framework and uses theories of late-life development and models of successful aging to examine factors influencing the aging experiences of diverse women. Each of these constructs is described below to provide a background for the study's research aims.

Feminist Theory

Feminist theory "attempts to understand women's aging experiences in light of macro-level social, economic, and political forces rather than as isolated results of individuals choices" (Hooyman & Kiyak, 2005, p. 299). Research conducted using the feminist perspective has found that hierarchical factors such as sexuality, ethnicity, and gender, impact women's aging experiences. An examination of each of these factors on the aging experience is beyond the scope of this research, as such, only the influence of gender will be explored. Gender influences older women's trajectories in several ways however the influence of gender on poverty, care giving status, and expectations of late life is especially evident (Marshall, 2003; Mitchell & Bruns, 2011; Ross-Sheriff, 2008; Wicks, 2006).

Older women are more likely than older men to live in poverty (Mitchell & Bruns, 2011; Waginild's, 2003). On average women receive 24% less in social security benefits than men (Mitchell & Bruns, 2011). This inequity is influenced by policy and the socialization of women into lower wage careers (Waginild, 2003). Poverty is an issue for older women because it may limit their access to quality health care and other needed resources (Crimmins, Kim, & Seeman, 2009). Feminist scholars argue that late life can be filled with liberty, joy, friendship, spirituality, creative realities, and growth (Mitchell & Bruns, 2011). However, it is also evident that individuals must have their basic needs met before they are able to consider esoteric ideas that lead to spiritual growth (Majercsik, 2005). Thus women who are experiencing poverty may have fewer opportunities to engage in activities that lead to positive late life growth. In addition to late life inequalities such as poverty and socialization, women's historical care giving roles may also impact late life experiences.

Women are more likely than men to invest time and money in the unpaid care of their aging parents, spouses, and grandchildren (Hooyman & Kiyak, 2005; Wray, 2003). These types of exhaustive care giving may lead to negative outcomes such as stress, depression, neglect of self and others, sleep disorders, social isolation, anxiety, guilt, anger, resentment, and chronic health concerns (Hooyman & Kiyak, 2005; Lipscomb, 2005). However, care giving may also provide benefits to the caregiver such as, deriving meaning and purpose from their role, closeness with the care recipient, and a feeling of giving back to older or younger generations (Goodman & Rao, 2007; Hooyman & Kiyak, 2005; Livingston & Parker, 2010; Silverstein, 2007). Thus care giving may have a complex impact on the late life development of diverse women.

The impact of women's expectations on their late life experiences is similarly complicated. In Western societies success in late life is measured by mid-life values such as independence, youthfulness, effectiveness and productivity (Mitchell & Bruns, 2011). While these values are inconsistent with the realities of aging, the media and other industries heavily promote this image (Marshall, 2001; Mitchell & Bruns, 2011; Razanova, 2012). The current social narrative suggests that individuals who are able to "anti-age" and maintain behavior, health, and lifestyles are similar to younger women are aging successfully. Feminist scholars argue that women internalize this narrative (Ross-Sheriff, 2008), and derive their expectations of late life from the standards that align with those prevalent in the media (Mitchell, & Bruns, 2011). Women who are able to embody these standards may not experience violated expectations of late life. However, older women without the desire, resources, or time to invest in anti-aging may experience violated expectations as a result of the youth focused construction of aging well.

This phenomenon has been described by Burgoon's (1978) expectancy violation theory (EVT) (as cited in Negy, Schwartz, & Reig-Ferrer, 2009). "EVT posits that when people's expectations are unmet or violated, the result often is a negative psychological reaction. EVT also accounts for positive psychological reactions when experiences exceed expectations" (p.256). Studies examining acculturative stress and migration have found that discrepancies between expectations and experiences were associated significantly with stress (Negy, Schwartz, & Reig-Ferrer, 2009). Although no studies have been conducted on EVT and late life expectations, it is possible that when late life experiences fail to live up to expectations diverse women may experience stress associated with violated expectations.

The intersectionalities that impact older women's trajectories are frequently examined in feminist literature (Marshall, 2001; Mitchell & Bruns, 2011; Razanova, 2012; Ross-Sheriff, 2008). Conversely, prominent aging theories were developed from a white, heterosexist, male dominated perspective and do not address women's divergent aging experiences. Thus the ideas expressed in prominent aging theories often lack applicability to diverse populations. However, older women are impacted by the dissemination of these ideas into mainstream society. Therefore an examination of traditional aging theories is warranted.

Chapter 2

THEORIES OF LATE LIFE DEVELOPMENT

Traditional theories of aging examine the aging experience independent of hierarchical societal structures that impact women differently from men. The theories, frameworks, and models that result from gerontological study often have an indirect, but tangible impact on individuals in late life. Models and frameworks guide academics, professionals, and policy makers in making decisions and planning interventions, and thus have the potential to create positive social change. However, frameworks can also stagnate progress if they are outdated or lack inclusivity. While early models of aging suggest that the lived experience of individuals in late life differs from individuals in mid-life, more recent models do not make this distinction. Furthermore, contemporary models of aging fail to account for the vast diversity among aging adults. Feminist scholars argue that neglecting to address the lived experiences of people of color and women when crafting theories and frameworks may perpetuate oppression.

Despite the negative consequences some theories have for diverse populations, it is important to acknowledge their strengths as well. There are no perfect theories or frameworks; however, some theories have more potential than others to create positive change. Several of the most influential theoretical frameworks are described below including early theories, specifically Carl Jung's theory of individuation and Erik Erickson's theory of psychosocial development, and contemporary theories: activity theory, disengagement theory, and the emergent gerotranscendence theory.

Early Psychosocial Theories of Aging

Carl Jung's Theory of Individualization

The Jungian view of psychosocial development is based upon the premise that individuals are born with a "wholeness of self" that is then fractured throughout the life course. An individual's wholeness becomes fractured through external pressures experienced during youth, which results in the less desirable fragments of the self being unconsciously relegated to the "shadow" (Patton, 2006). However, wholeness of self may be regained through the process of individuation (Hall & Nordy, 1973). Individuation is defined as an internal process that involves the conscious acknowledgment and acceptance of one's less desirable traits.

Jungian theorists believe the latter half of an individual's life is often less influenced by the external world. This belief leads to the conclusion that both middle and old age are conducive to individuation and embracing the "challenge of transformation" (Patton, 2006, p. 306). Because many individuals begin the process of individuation during midlife, the mid-life crisis is thought to be one catalyst for individuation. The notion that positive change can be accomplished through crisis is an idea that Erikson also shared.

Erik Erikson's Theory of Psychosocial Development

Erikson is well known for the theory of psychosocial development, which suggests that individuals face developmental crisis during each of the eight chronological stages of life from birth until death. Overcoming all eight crises allows an individual to acquire wisdom and maturation in late life, the seventh and eighth stages of Erikson's model.

Stage seven includes middle adulthood from ages 35 to 65, while the eighth stage includes all adults age 65 and older. The developmental struggle in stage seven is to maintain generativity “in the face of declining energies and life disappointments” (Patton, 2006, p. 305). Generativity is described as an individual’s desire to leave a lasting legacy by continually contributing to the welfare of society, especially related to younger generations (Son & Wilson, 2011). The task in the eighth stage is to develop or maintain “integrity in the face of the multiple losses of old age” (Patton, 2006, p. 305). Erikson theorized that integrity could be acquired through self-actualization, a process of reflection, integration, and acceptance of the life lived (Tornstam, 1997). This process is similar to Jung’s process of individuation. Erikson initially proposed that this eighth stage was the final stage of development. However, after having reached old age himself Erikson noted that, “...the role of old age needs to be re-observed, rethought” (Erikson, 1997, p. 62).

Summary and Comparison of Jung and Erikson’s Theories

Jung and Erikson were among the first scholars to address the psychosocial challenges individuals may face as they progress through late life. These theories are still unique today in that neither placed overwhelming importance on physical activity or engagement in their definitions of the successful obtainment of wisdom and maturation. While their theories did not focus solely on aging, Jung and Erickson contributed a great deal to the general discourse on aging and paved the way for modern theories.

Contemporary Psychosocial Theories of Aging

Several modern theories diverge from the internal focus of early theories. Activity theory and disengagement theory focus exclusively on psychosocial aspects of late life.

These theoretical paradigms have influenced societal opinions and expectations of what aging well, or successful aging, should look like. These theoretical frameworks present opposing views of the behaviors that are considered normative during old age.

Disengagement theory

Disengagement theory endorses the premise that social isolation and withdrawal are normal and necessary in old age. As noted by Fry (1992):

Proponents of this theory contend that as people grow older they inevitably become less involved in the organizational structures of society; they have less energy and sustain a diminishing number of interactions with other persons; they desire fewer social roles. (p. 251)

Havighurst (as cited in Fry, 1992) noted that successful aging according to disengagement theory would consist of the older adult's desire to withdraw from society and the acceptance of society's mutual withdrawal.

Activity theory

Conversely, activity theory holds that older adults, in order to age successfully require active engaged lives. According to Knapp (1977) "an individual's life satisfaction is directly related to his [sic] degree of social interaction or level of activity." Essentially, activity theory supports a lifestyle for late life that is very similar to midlife. Activities often associated with midlife emphasize independence, autonomy, and numerous social interactions. Rowe and Khan (1997), proponents of activity theory, describe successful aging as having high levels of cognitive, social, and physical functioning, while having a low level of disease and disability. This point of view leaves little room for success in the face of physical, mental, or social decline. Some population groups may experience these

conditions disproportionately, which is one reason this view of successful aging isn't a good fit for diverse women.

Summary and Comparison of Activity and Disengagement Theories

Activity theory considers older adults who are not actively engaged, to be deviant or in need of intervention, while disengagement theory considers intense social isolation and lack of engagement in activity to be normative. Both theories lack room for older adults' further growth and development and neither theory considers the individual differences in older adults that may influence behaviors and well being during late life. An additional limitation of both theories is that they were developed by scholars in midlife, and largely without the input of older adults. Indeed, "one of the major criticisms of social theories of aging is that they are insensitive to the unique experiences of older adults who fall outside a traditional white, middle-class male experience of growing older" (Fry, 1992, p.74). Despite their limitations, aging theories profoundly impact views of late life success.

The Theory of Successful Aging

Views of success in late life are diverse and there is no consensus regarding the optimal definition of successful aging (Depp & Jeste, 2006). However, some views are more prominent than others. The prevailing construct of successful aging advanced by Rowe and Khan (1997) characterizes successful agers as those with "low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life" (1997, p.433). A review of successful aging literature reveals that individuals who age successfully when measured by Rowe and Kahn's standards tend to be white, well educated, affluent (Wagnild, 2003; Crimmins, Kim, &

Seeman, 2009), and socially connected (Wagnild, 2003). Criticisms of the construct include: lack of input from older adults, failure to consider the importance of spirituality, and the divergent experiences of aging that diverse populations may have (Atchley, 2008; Flood, 2002; Marshall, 2003; Reichstadt, Depp, Palinkas, Folsom & Keste, 2007; Wrey, 2005).

Research that considers older adults' perceptions of late life success reveals Rowe and Kahn's (1997) perception of success fits some older adults, however does not adequately encompass the diversity of the aging population. For example, in a qualitative study of 22 community-dwelling adults aged 60 and above, participants identified multiple factors contributing to successful aging, including "attitude/adaptation, security/stability, health/wellness, and engagement/stimulation" (Reichstadt, Depp, Palinkas, Folsom & Keste, 2007, p. 194). Overall participants placed greater emphasis on psychosocial factors as being key to successful aging, with less emphasis on factors such as longevity, genetics, absence of disease/disability, physical functioning, and independence. The lower importance placed on physical decline is a marked departure from Rowe and Kahn's model.

Another qualitative study of 18 healthy older adults over age 59 found that coping with change is integral to successful aging (Duay & Bryan, 2006, p. 436). The researchers explain this idea:

Participants described successful aging as proactively dealing with changes within one's control, positively accepting changes outside one's control, having a strong spiritual faith, maintaining a positive attitude and using learning as a coping strategy. (p. 438)

This image of successful aging contrasts with the successful aging paradigm presented by Rowe and Kahn. However, limitations of this study include a nearly homogenous Caucasian sample. Therefore results might not be relevant to other ethnic groups or cultures that “may perceive successful aging in a different manner” (Duay & Bryan, 2006, p. 441).

Similarly, Mortimer, Ward, and Winefield (2008) also concluded that modern successful aging paradigms, specifically the model suggested by Rowe and Kahn (1997), lacked applicability across diverse populations. They conducted interviews with 14 women ages 60 to 89 who identified themselves as spiritual, religious, or both. Three main themes emerged from their qualitative interviews: personal agency, social value, and quality of life/quality of death. These three factors encompass what the participants considered central to successful aging (Mortimer, Ward, & Winefield, 2008). While there is some overlap with the dimensions outlined by Rowe and Kahn (1997), these categories are beyond the bio-psycho-social aspects of aging into an existential dimension. These authors also found that for the women in their study, “spiritual and religious affiliations [were] a source of support and well-being” (p. 203). The participants’ views of successful aging supported the notion that this construct may have a spiritual or religious aspect. Based on their research findings, the authors concluded that, “successful aging is more a multidimensional construct” (p. 203). While the study’s findings lack external validity, they do support findings from previous studies (Wray, 2003) and further the feminist perspective of aging as a unique experience for every woman, impacted by a number of personal and environmental factors.

Wray (2003) argued that significant cultural differences exist in the meanings that older women attach to self-fulfillment and successful aging. Based upon interviews conducted with a diverse sample of women, Wray (2003) found that successful aging for non-Caucasian women is more likely to be linked to spiritual fulfillment. Since culture and other environmental factors influence how individuals define success, this finding suggests that the meaning of “success” may vary from woman to woman depending on her background and life experience.

When older adults opinions and views of successful aging are considered, results indicate that Rowe and Kahn’s activity-based construct of successful aging, does not encompass dimensions important to the successful aging of diverse populations including women. In recent years more holistic conceptualizations of successful aging have been developed. One inclusive, non-male perspective of the developmental changes that occur in late life came from Joan Erikson, colleague and wife of Erik Erikson. In 1997, in an acknowledgement of the limitations of their initial theory of psychosocial development, Joan Erikson added a ninth stage of development to address the developmental changes occurring in individuals who had reached what she considered old-old age. Joan Erikson observed that as she aged, developmental shifts continued to occur beyond the traditional “old age”. When she was in her nineties, she wrote that she experienced a new feeling of communion with the universe and a sense of peace that differed from earlier views of old age (Erikson, 1997). She used the term “gerotranscendence” to describe the shift that she had been personally experiencing. Tornstam is one of the first scholars to describe the process of gerotranscendence (Cozort, 2008).

The Theory of Gerotranscendence

Tornstam developed an alternative construct of successful aging in response to the prolific view of late-life as a continuation of mid-life values such as “activity, productivity, independence, wealth, health, and sociability” (As cited in Cozort, 2008, p.22). He defines successful aging as an individual’s ability to find purpose and meaning in life, rather than the maintenance of mid-life norms, maintaining that late life is a time for growth, change, and transcendence. Transcendence is typically described as an individual’s ability to rise above the ordinary or expected limitations. Tornstam theorized that individuals transcend in late life by taking time for self-reflection and meditation in order to find meaning and purpose in life (Cozort, 2008). The attainment of gerotranscendence is the culmination of this process. Gerotranscendence is defined as:

A shift in meta-perspective, from a materialistic and pragmatic view of the world to a more cosmic and transcendent one, normally accompanied by an increase in life satisfaction. (Tornstam, 1997, p. 1)

Initial studies of gerotranscendence were conducted with the input of older adults. An early qualitative examination of the theory involved interviews of 50 people regarding their personal impressions of gerotranscendence. Based on findings, Tornstam theorized that a meta-shift that resulted from gerotranscendence was evident on three levels: cosmic, self, and social (Tornstam, 1997a, 2000).

Indicators on the *Cosmic level* include an increased feeling of unity with the universe, and changes in the definitions of time and space. Many individuals described time as being non-linear and less relevant. Further indicators are an increased sense of connection to earlier generations and a new comprehension of life and death.

Gerotranscendent individuals described feeling part of a greater whole that went beyond their individual life and death. An acceptance of the mystery dimension in life, and rejoicing in a range of events and experiences are also considered markers on the *Cosmic level* (Tornstam, 1997a, 1999, 2000).

Gerotranscendent changes at the *Self level* include, less importance on physical appearance and more on internal makers of self-achievement. Individuals are able to reflect on their lived experiences and come to terms with their struggles and successes. The acknowledgment and acceptance of the positive and negative aspects of the self also occurs at the *Self level*. The changes that occur in this level mirror Erikson's eighth stage of development where the task is to achieve integrity over the despair that may come from intense self-reflection (Tornstam, 1997a, 1999, 2000).

On the *Social level* individuals have an increasing need for solitude. Tornstam maintains that the increase in solitude is necessary in order to engage in self-reflection and meditation, which will lead to successful aging. A new understanding of the distinction between the self and roles that one may play in society is also a marker of social gerotranscendence. Individuals may place less importance on titles and cease to define themselves in relation to their social roles. This new perception combined with the need for solitude often results in the reduction of less meaningful social connections. (Tornstam, 1997a, 1999, 2000).

One woman who identified with gerotranscendence described her experience in terms of a metaphor:

...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 to 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. (Tornstam, 1999, p.12)

The meta-shift described by this participant is thought to aid individuals in successful aging. Although Tornstam argued that the process of gerotranscendent development is intrinsic and a natural consequence of aging, he acknowledged that it is influenced by a number of factors, which are described as social matrix factors and incident impact factors (Tornstam, 1997a, 1997b, 1999). Social matrix factors include external forces such as cultural norms; where as incident impact factors include individual experiences such as life crisis (Tornstam, 1997b).

The theory of gerotranscendence is relatively new theory, and while there is a growing body of research on the application of the theory to nursing settings (Hsieh & Wang, 2008; Wadensten & Carlson, 2003; Wadensten, 2005, 2006; Wang, 2011), research conducted on factors that influence gerotranscendence is still emerging. Despite the limited number of studies, several Macro factors have been found to impact gerotranscendence such as age, gender, marital status, former or current profession, and income (Tornstam 1997a, 1999, 2003). For example, individual's who were older, female, and married or cohabitating had higher gerotranscendence scores than their counterparts. Further more, those with higher incomes and self directed professions also tended to have higher cosmic transcendence scores (Tornstam, 1999, 2003). Cultural influences have also been found to impact gerotranscendence (Lewin, 1998, 2001; Lewin & Thomas, 2001). For example, in a cross-cultural study that included Swedes, Iranians and Turks (Lewin, 2001), Iranian participants, both secular and religious, displayed

characteristics of gerotranscendence. This finding was attributed to mystical-type ideas that have a long history in the social culture of the country, which expose both religious and non-religious Iranians to transcendent ways of thinking (Lewin, 2001). Therefore, it was concluded that individuals living in an environment where spirituality is integrated into popular views of thinking may have more chances to develop gerotranscendence. These findings suggest that external cultural environment may influence opportunities for successful aging.

Gerotranscendence is also influenced by internal or Micro factors including individual faith (Lewin, 1998, 2001; Lewin & Thomas, 2001), the death of a loved one, depression, and crisis (Tornstam, 1997b, 1999). As with successful aging literature, research using the gerotranscendent framework confirms that depression has a negative correlation with successful aging. However, having experienced a crisis has a positive correlation with gerotranscendence. As previously mentioned, Tornstam maintained that crisis could be praxis for personal growth and gerotranscendent development. In a study that examined gerotranscendence and ways of life narratives, researchers found that Gerotranscendence may be a result of having lived life with a view that “life as a hurdle race” (Hyse & Tornstam, 2009). The *Life as a Hurdle Race* view is detailed below:

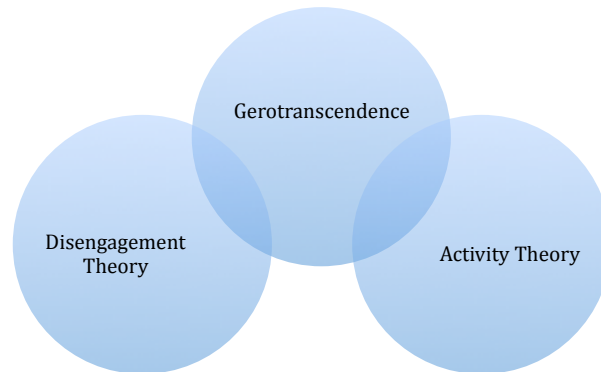
Life begins with losses and problems in childhood. Other problems continue, e.g., marriage difficulties, too many children, illness, alcohol problems, poor relationships with other people. But one sees oneself as a fighter who can overcome any difficulty and come out a winner, which paves the way for a brighter old age. Relationships with children and friends are good and one has a positive attitude toward life as an older person. (p. 8)

In Western societies an individual who experienced this type of life could be described as disadvantaged and at risk. However, the findings of this study indicate that it is possible, and even likely, for individuals who have experienced significant life challenges to age successfully. As such, it offers a promising fit for understanding the late-life experiences of diverse women.

Summary of the Theory of Gerotranscendence

Gerotranscendence, like previous psychosocial theories of aging, does not explicitly acknowledge divergent experiences of aging that women may have from their male counterparts or that women of color or less affluent women may have from white affluent women. Furthermore, some critics argue that gerotranscendence is not a new independent theory. The theory views increased solitude and social decline as normative, it has been labeled a “re-enchantment” of the early disengagement theory (Johnson & Magnusson, 2001). Although Tornstam incorporated aspects of previous theories (disengagement theory, activity theory, Jungian theory, and Erikson’s theory) into his work, others assert that the theory of gerotranscendence is unique. Tornstam’s theory is more inclusive of the diversity that occurs in late life and allows for the possibility of both activity and disengagement in the course of successful aging. As Figure 1 suggests, the theory of gerotranscendence incorporates both disengagement and activity theory, however it goes beyond each theory to suggest that successful aging is a multidimensional experience.

Figure 1: Intersection of Gerotranscendence, Disengagement, and Activity Theories



In summary, gerotranscendence is the result of a new internal and external reality achieved through reflection and meditation. The praxis of the introspection that leads to a new perspective on life may be crisis (Tornstam, 2007b). Individuals may develop this new reality or transcendent view even while facing physical decline and with limited social interaction. Gerotranscendence theory aligns with feminist theory in that it acknowledges that social and individual factors impact successful aging. The theory is applicable across cultures, and takes the potential struggles of life into account in a positive manner. For these reasons, the gerotranscendent paradigm of successful aging is used to explore factors that impact the successful aging of diverse women.

The aim of the research study was to examine factors that impact successful aging among diverse women in or approaching late life. Based on the review of the successful aging literature and the feminist theoretical literature, the following research question emerged: What factors impact the successful aging of diverse women when examined through the gerotranscendence construct? The following hypotheses stemmed from this research question:

1. The experience of care giving will have an impact on gerotranscendence.
2. Demographics and other external factors will have an impact on gerotranscendence.
3. Experiencing violated expectations of late life roles will have a negative impact on gerotranscendence.

This is a descriptive study of successful aging in a convenience sample of 14 women in Phoenix, Arizona. The study used a mixed methods approach involving individual interviews and administration a standardized instrument designed to measure gerotranscendence.

Chapter 3

METHODS

A mixed methods study using semi-structured interviews and a standardized assessment instrument to address the research question above. The interviews began with of a series of explorative questions designed to elicit participants' experiences of caring for grandchildren or aging parents and how these experiences influenced the process of gerotranscendence (Appendix A). Interviews ended by administering the Gerotranscendence Scale-Further Revised (Appendix B).

Explorative Questions

A series of explorative questions were asked to gain insight into participants' experiences in various care giving roles. These questions were informed by Feminist theory, which argues that social factors are determinants of women's late-life experiences. Demographic questions were also included in order to gather data regarding external factors that may impact the process of gerotranscendence. Participants were asked their ethnicity, date of birth, marital status, profession, level of education obtained, and if they felt that they had enough money to meet their needs. Open ended and closed ended questions were used.

Question 1: Did you ever care for your aging parents?

Question 2: Did you ever care for younger children?

Question 2a: Was there ever a time when you were caring for both?

The questions above were asked to determine types of care giving each participant experienced. When participants answered yes to any question, probing questions were

used to generate more information about the participant's experiences. For example
"What has it been like for you to raise three grandchildren who all have special needs?"

The following questions were asked to gain insight into the types of intergenerational interactions participants desired and expected in late life and their views on younger generations.

Question 3: How often are you around young people? What types of interactions do you have (or would you like to have) with young people?

Questions 4: Some community centers have intergenerational programs where adults spend time working with young children doing things that range from reading to the children to teaching them skills.

Question 4a: Would participating in a program such as this be of interest to you?

Question 4b: If you could give one piece of advice to younger generations what would it be?

Finally, participants were asked about their quality of life.

Question 5: Quality of life is described as an individual's personal satisfaction with the overall quality of the different areas of life. For example; social, mental, physical, family, spiritual, security and meaningful activity. With that in mind, how would you rate your overall quality of life? Excellent, good, fair, or poor.

This question was posed in a closed ended manner rather than open-ended so that participants' responses could be compared to their scores on the standardized instrument.

The Gerotranscendence Scale-Further Revised (GS-RR)

The Gerotranscendence scale (GS), developed by Tornstam (1999), was proven valid and reliable through studies that involved Scandinavian participants. The Gerotranscendence Scale- Further Revised (GS-RR) view Appendix A, was developed by Cozort (2008) for use with older adults in the Southern United States. The GS-RR is been found to have adequate reliability and validity when tested. For example, Chronbach's

alpha was .61 and content validity index (CVI) was .86 (Cozort, 2008). The GS-RR was also applied with a diverse sample in Florida (Nobles, 2011). These two studies are the only current applications of the GS-RR, the researcher acknowledges that the GS-RR might need further revision to be applicable for more diverse populations. Despite the limited testing of the GS-RR across populations in the United States, the results are encouraging. While the population in the Southern United States may differ from population in this study (South Western United States), it is assumed that there are more similarities between these two groups than with the Scandinavian population. In light of this, the GS-RR was used for this study.

The Gerotranscendence Scale-Further Revised (GS-RR) is a 25 item scale with three subsections that reflect the dimensions of Gerotranscendence: Cosmic, Social /Coherence, and Self / Solitude. The GS-RR requires participants to indicate how well each statement agrees with their own personal experiences and feelings, each statement has a potential of 4 points. The GS-RR uses a Likert-type scale that includes; 4=strongly disagree, 3=Agree, 2=Disagree, 1=Strongly Disagree (Cozort, 2008, p. 87). All 25 responses are summed to create a total score that ranges from 25 to 100 with scores 80 and above indicating gerotranscendence.

The GS-RR was designed as a self-administered survey (Cozort, 2008). Due to functional limitations of some participants and the semi-structured interview format, the researcher read aloud the questions and recorded responses of each participant.

Recruitment

Prior to participant recruitment, the university IRB approved this research study as appropriate for human subjects. Participants were recruited through advertisement.

Flyers were placed in local areas where women who provide kinship care were thought to frequent such as local churches, senior centers, and kinship care support groups. Some participants were recruited through referral from kinship care program coordinators and support group facilitators. Participants were contacted for an initial screening that included coordination of schedules and locations that could serve as interview sites. During the screening, the researcher explained in detail the participant's expected role, the time commitment, and the scope of the study. Prior to conducting the interview, the researcher obtained informed consent both verbally and in writing from each participant. When appropriate, researcher also obtained permission to record the interviews. Fourteen women agreed to participate in the study.

Interviews were conducted in a location of the participant's choosing. The researcher first read the explorative questions followed by the 25 questions from the GS-RR. The average length of the interviews was one hour. Interviews were recorded when possible. In two instances due to researcher error, an audio recording was not created and researcher took detailed and comprehensive notes during the interviews.

Data Analysis

Interviews were transcribed verbatim from audiotapes and from researcher notes in the two cases when audio was not available. Transcripts of all 14 individual interviews were analyzed. As stated previously, the aim of this research study is to examine factors that impact successful aging among diverse women in or approaching late life. Coding therefore took place in two distinct phases. In the initial phase, four predetermined or a priori codes that reflected the research aims were used; violated expectations, caregiver status, age, and intergenerational contact. Transcripts were read line by line, and when

applicable, one of the four codes was assigned. A method of constant comparison as discussed by (Glaser & Straus, 1987) was then used to identify underlying themes in the data. All 14 transcripts were coded a second time line-by-line and related codes grouped into related themes. Transcripts were then read and coded a third time to identify categories. In the final review, five overarching themes were identified as: violated expectations, the impact of informal social supports, frustration with existing macro systems, meaning and purpose in life, and the experience of caring for an aging parents.

Quantitative data from the GS-RR were analyzed using the statistical software program SPSS. Descriptives were run and cross tabulation was employed to examine group differences across variables of interest. Statistical significance tests were not completed due to small sample size. However, the internal reliability of the GS-RR was tested with this sample.

Rigor and Trustworthiness

The researcher planned to use methods triangulation to promote the validity of the current research. For this reason a standardized scale (GS-RR) and explorative questions about quality of life were posed. The researcher frequently used reflexivity. Reflexivity is described as a researchers awareness of how they and the data collection process may impact the research process as well as the conclusions (Krysik, & Finn, 2007). For example as an African American, the researcher was concerned with classifying two participants who identified as multi-racial, as African American. Both participants had African American heritage and features. Using a process of critical self-reflection and self-awareness, the researcher determined that the issue should be taken to an outside source to determine if the classification was justified.

Chapter 4

RESULTS

Demographics

The sample was diverse and included four African Americans, six Caucasians and four Hispanics. As previously mentioned, two of the participants reported their ethnicity as multi-racial, however, for the purpose of the study were coded as African American. The average age of the participants was 56. Participants were younger than the average age of most participants in other Gerotranscendence studies. Half of the participants (n = 7) had cared for their aging parents in the past. Four of the women had provided direct care services for parents at end of life. These women were involved in and responsible for daily care giving. Three of the participants had coordinated care for parents at end-of-life. One of the participants was simultaneously caring for her elderly father and her grandchildren at the time of the interview. Just under half of the women were current kinship care providers for their grandchildren (n = 6). Some of the women who did not identify as current kinship care providers (n = 4), reported having provided kinship care for children in the past. The remaining women had never provided kinship care for children.

Qualitative Results

Responses to the explorative questions were diverse and wide-ranging. However there were a number of consistent themes though out the interviews. As noted above, themes included violated expectations, the impact of informal social supports, frustration with existing macro systems, quality time, and meaning and purpose in life.

Violated expectations

Participants' expectations of late life included having high levels of activity, social involvement and independence, as well as freedom from care giving responsibilities, and freedom of time. Individuals who frequently mentioned incongruence with their current experience and their expected experience were coded as having violated expectations. Seven of the 14 participants experienced violated expectations. Five of these participants stated that they did not anticipate having the responsibility of child rearing at this stage in their lives. Some women were still working beyond the age when they expected to retire in order to provide for their grandchildren. Others expected to have the freedom of non-custodial grandparents who are able to selectively engage with their grandchildren. One younger grandmother who was reluctant to continue the custodial care for her grandchildren discussed the unfairness of the situation. She discussed her worry about having enough money for the grandchildren and who would care for both she and the grandchildren if something happened to her. In an explanation of why she rated her quality of life as "fair" she stated:

"In five years I am supposed to be retiring. There are people in the kinship meeting that are 70 and 65 and raising two-year olds. This is the time when they are supposed to be retiring, the easiest time of life."

This participant's idea of a normative late life did not include raising grandchildren. She had not expected the responsibility and was struggling with integrating her new reality with her previous expectations of late life.

Participants who were already in late life also struggled with the reality of late life care giving. One grandmother had expected to retire several years before, but was unable

to. She noted that the experience of raising her grandchildren changed her life in many unexpected ways. She discussed how her circle of friends slowly shrank until she and her husband had very few friends left. She discussed how difficult it was to engage with and relate to friends who were not in their situation. In response to why she thought this happened she explained:

“People our age are traveling, going on vacation—we don’t do that because of the grand kids.”

While this grandmother was adjusting to the role of custodial caregiver, she still struggled with previous hopes for late life. She expected to have the freedom to travel and spend time with friends in her late life. The theory of gerotranscendence states that successful aging is achieved through self-reflection and meditation. One of the results of this introspection is the individual’s ability to reflect on their lived experiences without regret. While women are still in the process of grieving the lives they expected to live it may be difficult to engage in the objective introspection needed to reach gerotranscendence.

In addition to the challenge of adjusting to the unexpected reality of life as a caregiver, many grandmothers struggled with the differences between the experience of raising their own children and caring for their grandchildren. Participants did not expect child rearing the second time around to be so different or difficult. Several participants noted that the experience of parenting now is more complex than it was when they were raising their own children. One major cause for the differences was the children’s high needs (either a mental health diagnoses or learning disability). All of the current kinship care providers were caring for at least one child that had high needs and some had dual diagnosis. Participants discussed the emotionally draining nature of caring for children

with high needs. One participant stated that it seemed as if the demands on her time never ended because her grandchildren's needs were so acute. For many of the children, the needs were related to their parents' substance abuse. One younger grandmother was granted custody of four of her grandchildren due to her daughter's drug addiction. She worked full time and was raising all four children on her own without any assistance. Child Protective Services (CPS) placed the children with her several years prior. When explaining the unique needs of her grandchildren she recounted:

“I'm raising four of my grandchildren. And then three of them are special needs. Let's see, they have PTSD, ADHD, some of them have ODD, Bipolar, we have Schizophrenia, we have sensory issues....we have a gambit (laughter).”

She went on to discuss how challenging it was to balance her work schedule with the children's various appointments and visits from in-home behavioral supports. Because life in her home could be so hectic she stated that being at work, was like a vacation.

While some participants had become accustomed to the unique behaviors of their grandchildren, they commented on how the behaviors were time consuming to deal with and often left them feeling drained. The above mentioned grandmother noted that when she did have free time all she wanted to do was something mindless, like watch television. These findings suggest that even after adjusting to the role of caregiver and accepting the new reality it is possible that the experience of providing the care can impact an individual's ability to reach the frame of mind needed for self-reflection and meditation, without which gerotranscendence is not thought possible.

Incidences of violated expectations of late life were not confined to women providing kinship care. One non-care giving participant who had a passion for travel and

exploration expressed disappointment over the stagnant life she led in an assisted living facility. She was used to an active life with variety. She had served in the military for several years and enjoyed that it took her to new places. Before moving to Arizona she and her husband lived and traveled around the United States in a recreational vehicle. In response to a question about her quality of life she stated that it was fair and explained:

“Well, I don’t like sitting here day in and day out. I would like to be doing something but I guess it’s really not meant to be, you know?”

A life of relative inactivity was not what she desired or expected of her late life experience. While this participant did have the freedom of time and space to engage in self-reflection and medication needed to achieve gerotranscendence, she obtained the lowest GS-RR score of the sample. This finding confirms that gerotranscendence is a complex process impacted by a number of variables. One factor that may have impacted this participant was the lack of a strong social support system. She mentioned that her daughter was the only person who visited, but she only did so once per month. The importance of social engagement was another theme found throughout the interviews.

Social Engagement

The theory of gerotranscendence does allow room for individuals in late-life to detach from some social activities and relationships. However, the assumption is that this withdrawal is conscious, elective, and for the purpose of individual growth and development. Contrary to the purposeful disengagement discussed in the theory, the theme of feeling forcibly disconnected from society, friends, and family due to their status as caregivers was prevalent in the interviews. Some participants lamented that they used to enjoy a number of social activities prior to assuming the role of caregiver. For

example, one grandmother quit her job and relocated to Arizona in order to care for her grandchildren when her daughter was incarcerated. Prior to moving to Arizona she owned her own home, had a fulfilling job, strong social network, and was able to freely engage in travel and leisure activities. After moving to Arizona she began to realize the extent of her grandchildren's needs. She discussed the difficulty of having to frequently leave work due to threats of expulsion and the disruptive behavior of one of her grandchildren. This was a weekly occurrence that eventually resulted in her loss of employment. At the time of the interview her main source of income was donating plasma. When discussing her life after assuming responsibility for her grandchildren she stated:

“I’m not who I was before I got them. I used to...believe it or not, you wouldn’t know it but I used to dance ballet, go to the opera, avid movie goer. Used to take my mom on walks, I went to the gym, I had a life. You loose yourself—it’s not about you anymore because it’s about them. I try to remember the things I used to do and it seems like a long...time ago and almost like a dream now.”

She had to withdraw from activities that were meaningful to her and this caused her distress and sadness. This type of disengagement is not the healthy version discussed in gerotranscendence.

The impact of informal social and emotional support was mentioned by all of the participants who were providing kinship care at the time of the interviews. For some grandmothers, having their grandchildren full time had the effect of curtailing their support systems and in some cases causing interfamilial strain. One grandmother who

had taken on the responsibility of raising her grandchildren against the wishes of her adult children discussed the difficulty of having to choose:

“I feel like I lost my family and friends raising grandkids. We don’t see them because of the grandkids. Raising the kids has caused tension with the other adult children. I have 11 grand kids. Its hard because I don’t get to see them, they think we don’t love them.”

For this participant, not having the support of her other adult children was a struggle that caused her a great deal of stress. However, she also discussed the importance of having strong external support systems such as organized support groups. She attended weekly support groups at a local community center and felt that she could connect with the grandparents there for support.

Frustration with existing macro systems

Participants were also aware of the impact that policies had on their care giving experience. Some grandmothers expressed disappointment with current laws and regulations regarding compensation for care giving, and the minimum age for respite. Specifically, participants mentioned displeasure with the fact that grandparents who become foster parents are able to receive governmental assistance/compensation in an amount that is substantially greater than what informal kinship care providers are given.

“If grandparents stepped back, the government would be under water. Because we are kin, we are shortchanged. It [compensation] should be based on the needs of the children not the grandparents’ income.”

In this study five of the six current kinship care providers stated that they did not have enough money to meet their needs. Lower rates of compensation for informal providers in Arizona may contribute to increased stress experienced by current caregivers. Several studies have found that income and gerotranscendence have a positive correlation (Tornstam, 1999).

As previously noted the average age of participants in the current study was 56. In order to receive respite care for grandchildren from local organizations, grandparents must be at least 62 years old. This lack of available services lead some grandmothers to feel isolated and unsupported. For some participants, when their grandchildren are away is the only time that they would be able to engage in the self-reflection and meditation required for Gerotranscendence. A number of participants noted that effective supports included respite services, in-home supports, and support groups. Grandmothers who received respite services discussed how important it was for their lives.

“I do get respite for the boys Friday night and Saturday night but that’s every 8 weeks...I wait and I pray for those 8 weeks.”

One participant who was caring for her grandchildren and her elderly father noted:

“The children are in school now all day and my father goes to the senior center three times each week. I am able to succeed because of this and respite hours. Respite is key and alone time to mend.”

Conversely, grandmothers without the benefit of respite services discussed feeling stressed and overwhelmed with no time to themselves. According to Tornstam (1999) having time for self-reflection and meditation is integral to gerotranscendence. For some

women, it is possible that without this time to determine one's meaning and purpose in life reaching gerotranscendence may be more difficult.

Meaning and Purpose

The theme of deriving meaning and purpose through care giving was present in the interviews for participants seemed to embrace the unexpected role of caregiver, and for those who were reluctant to assume the responsibility. Many women noted that providing care for their grandchildren, children, and their parents had given them a purpose in life despite the struggles they encountered. When discussing the strengths that enabled participants to persevere they all referred to spirituality and faith as the main source of support. This finding provides support for other studies that have found faith to be a contributing factor in the development of successful aging and gerotranscendence (Lawin, 2001). One participant who reported having a strong sense of faith reflected on her faith and her kinship care experience:

“...I kind of look at it as umm a divine assignment because I couldn't have children, I could be a mother to those who didn't have mothers. So I took that as my life's purpose...”

This participant began caring for two of her young relatives when she was in her late teens. Despite the challenges she encountered raising them largely on her own, she was able to see meaning in the experience and reflect upon it without a sense of regret. She rated her quality of life as excellent and had one of the highest GS-RR scores at 81. This finding provides support for Tornstam's supposition that the ability to accept one's past and find meaning in life leads to successful aging and gerotranscendence.

The experience of caring for an elderly parent

As noted previously, several participants had experience providing care for an aging parent. Due to the small sample size, and lack of commonality among these participants few themes with regards to caring for an elderly parent emerged. The main theme among participants who cared for aging parents was the difficulty of providing care.

One participant who had cared for her mother for over a decade discussed the difficulty of adjusting to her mother's new reality. When describing the experience of observing her mother's gradual decline into dementia she stated:

“It became harder to not get short tempered and keep telling myself ‘this is not her, she can't help what she's doing’ and in that respect it was difficult. I was prepared by the time she didn't know me, she thought that I was her sister, I was prepared for that.”

Grieving the loss of a loved one while they are still alive is a pain that many adult caregivers experience (Hooyman & Kiyak, 2005). Despite enduring the gradual loss of her mother just a few months prior to the interview this participants GS-RR score was average and she rated her quality of life as good.

Another participant discussed the difficulties of caring for her father in terms of time. She was balancing the responsibility of caring for her grandchildren and her father as well. When comparing the difficulty of the two types of care giving she discussed why caring for her father was often more difficult:

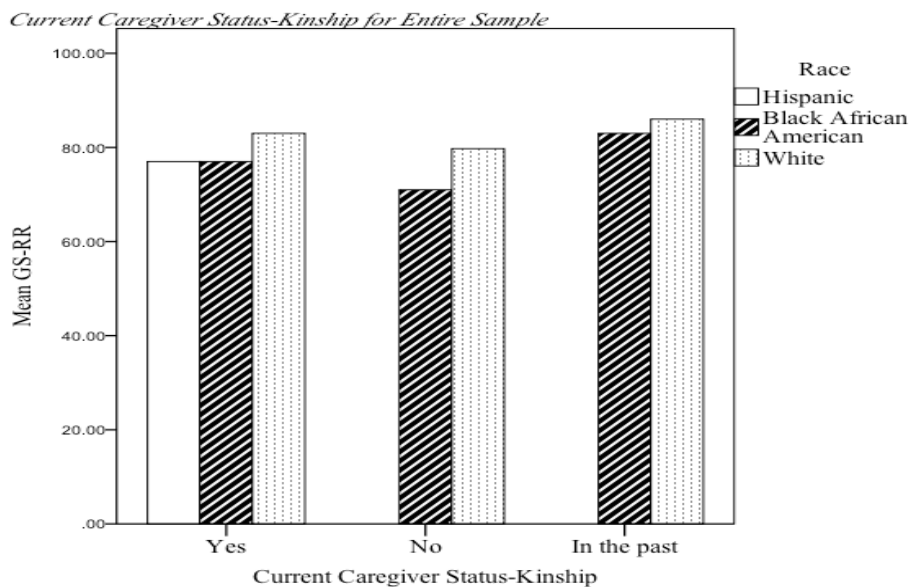
“He is 94 years old. My father demands more time from me than the children because of doctors’ appointments. I have to be more vigilant about the times for his medication. He has dementia.”

Similar to the experience of providing kinship care for a grandchild, it is possible that caring for a parent with dementia may provide praxis for gerotranscendent development.

Quantitative Results

The mean GS-RR score for the group was 79. The mean in the initial study using the GS-R was 71.4 (Cozort, 2008). The internal reliability of the GS-RR was tested with this sample and Chronbach’s alpha was significant at .77 and higher than the original study of the GS-RR, which yielded a .61. While the sample size does not allow for statistical significance to be tested, several noteworthy trends were found. One of the initial hypotheses was that the experience of care giving would have an impact on gerotranscendence. However, this hypothesis was not supported by these data.

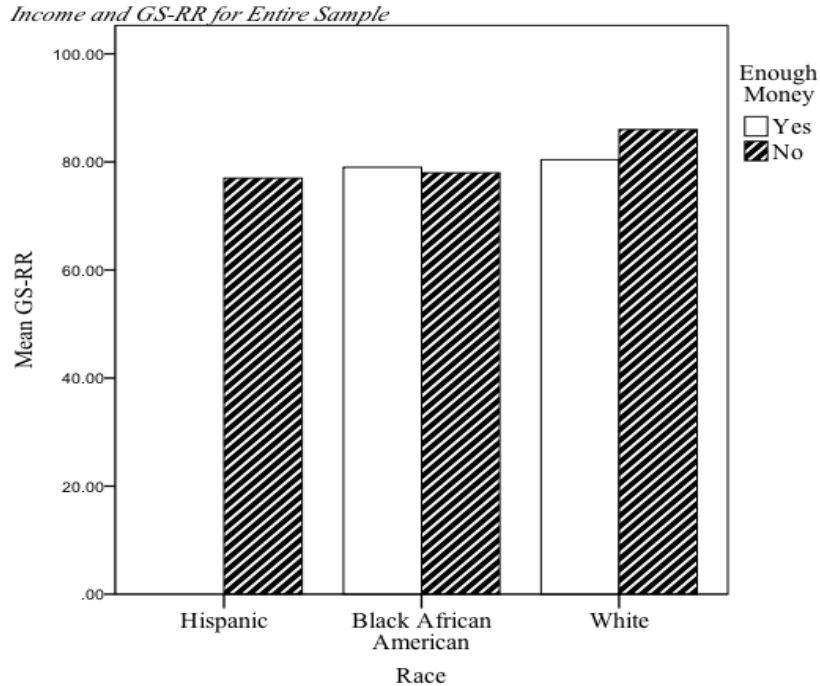
Table 1



However, as displayed in Table 1, GS-RR scores for White women were consistency higher than their counterparts across each care giving status. Furthermore women who had provided kinship care in the past had higher scores than women who had never provided care and those who were currently providing care. These trends are worth examining in future research with larger sample sizes allowing for statistical comparisons.

The second hypothesis posited that demographics, such as poverty and education, would have an impact on gerotranscendence. Results suggest that income (having enough money to meet their needs) had no direct correlation with GS-RR. As seen in Table 2 GS-RR scores were consistent across women who felt that they had enough money to meet their needs, and those who did not have enough money to meet their needs.

Table 2



However, for white women there did appear to be a small difference. Those who did not have enough money to meet their needs had slightly higher GS-RR scores. This is an interesting finding that conflicts with existing research and should be examined in future research with larger sample sizes and a numerical description of “enough money”.

The examination of educational attainment produced a noteworthy trend. Across the sample, the difference between higher education and higher GS-RR scores was notable.

Table 3

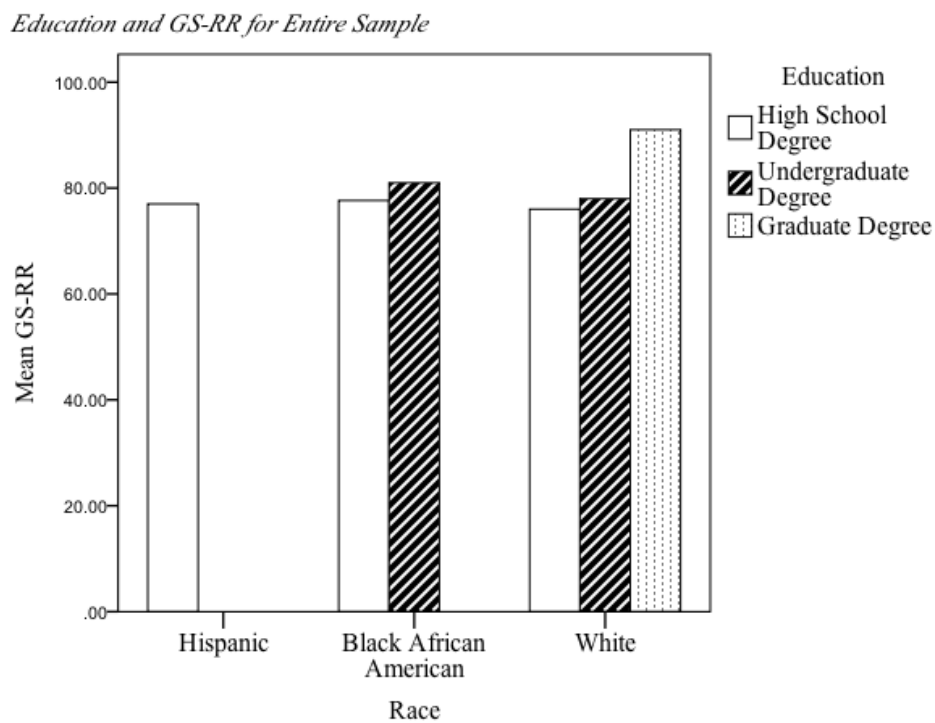
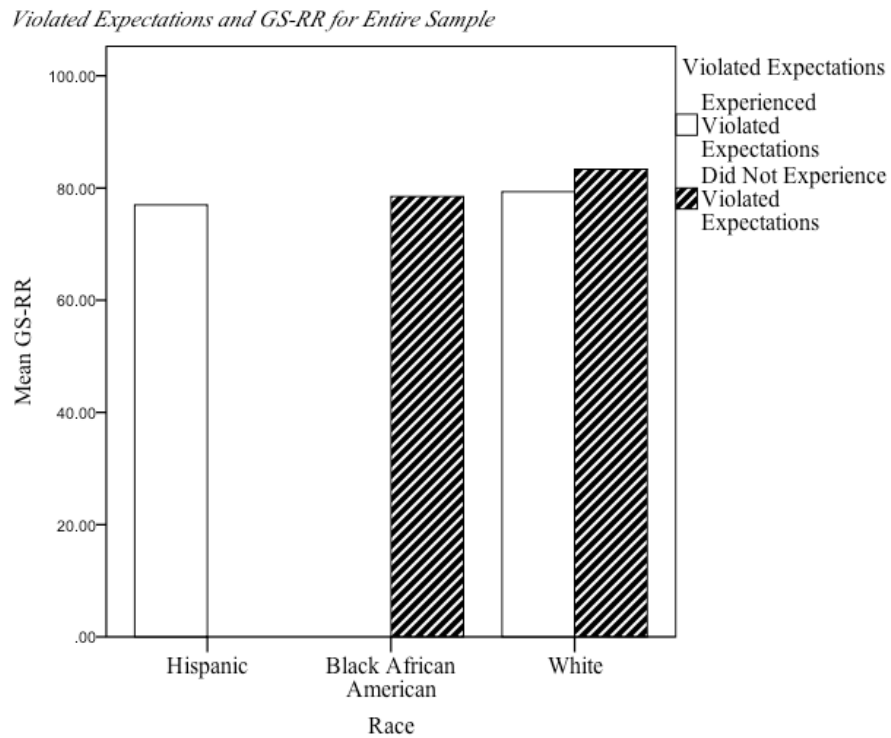


Table 3 displays the GS-RR scores and education obtained for the entire sample. Overall, participants with higher educational attainment had higher GS-RR scores. However, due to the small sample size statistical significance cannot be determined. Future research

using larger sample sizes should continue to examine the relationship between educational attainment and gerotranscendence.

The final hypothesis posited that experiencing violated expectations would have a negative impact on gerotranscendence. Results indicated that for women in this study, the difference in GS-RR scores is minimal between women who experienced violated expectations and those who did not. Therefore, this hypothesis was not supported by the data. The relationship between GS-RR and violated expectations is displayed in Table 4.

Table 4

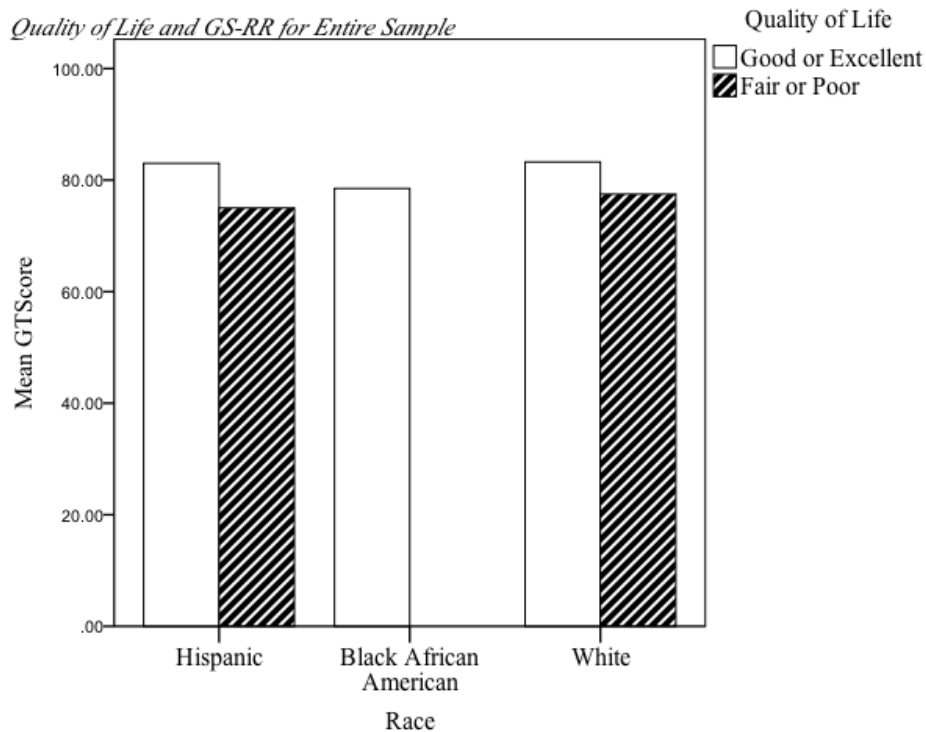


While the hypothesis was not supported several trends were observed. As displayed in Table 4 White women who did not experience violated expectations had slightly higher GS-RR scores than White women who did experience violated expectations. Also, each of the Hispanic women in this study experienced violated

expectations; it is noteworthy that all of the Hispanic participants were current kinship care providers. The impact of care giving status and ethnicity on the development of late-life expectations should be examined in future successful aging research.

Finally, an unexpected trend was found with regards to Quality of Life (QOL) and GS-RR. The average GS-RR score of women who rated their quality of life as either good or excellent was 79.5 on a scale of one hundred. Conversely, the average GS-RR score of women who reported their quality of life as poor or fair was 71.6.

Table 5



This finding suggests that GS-RR may be connected to quality of life. The impact of quality of life on GS-RR should be examined in future successful aging research.

Chapter 5

DISCUSSION

The aim of this research was to examine factors that impact the successful aging of diverse women who are in or approaching late life, using gerontological and feminist theories as frameworks. Limitations included a small sample size, narrow explorative questions, a lack of triangulation methods such as additional coders for qualitative data, and the use of only one quantitative measurement tool. The Gerotranscendence scale further revised (GS-RR) had limitations as well. Some statements on the scale, specifically the cosmic subsection, may not necessarily fit for diverse women who are non-religious. For example the statement that “I feel that I am a part of all God’s creations”, is biased. However, the women in this sample endorsed spiritual and religious views so these questions seemed to resonate sufficiently with them. In future studies this type of question may cause diverse women who are not spiritual or religious to have lower GS-RR scores than their religious counterparts. Despite the limitations of this study several interesting trends emerged from data. The following section details the implications of the findings based on the hypotheses.

Violated Expectations and gerotranscendence

No relationship between GS-RR and violated expectations could be determined. However, nearly half (6) of the participants were coded as having violated expectations of late life. All Hispanic participants were included in this subset. This could possibly relate to acculturation differences across generations in the family. Studies examining acculturative stress and migration of Latinos have found that discrepancies between expectations and experiences were associated significantly with stress (Negy, Schwartz,

& Reig-Ferrer, 2009). Therefore, the impact of acculturation on successful aging is an important area for future research. It is also noteworthy that all Hispanic participants were caring for at least one child in elementary school. Conversely the only African American participant providing kinship care at the time of the interviews was caring for older children ages 17-23. This participant's care giving responsibilities may end in the near future, where as the Hispanic participants had several years remaining before the youngest of their grandchildren would reach adulthood. This may have contributed to different rates of violated expectations among ethnicities in this study.

Participant narratives revealed that some caregivers struggled with adjusting their expectations of late life to the reality of their experience. For these participants, the experience of providing kinship care was more difficult and more consuming than anticipated. These participants had not expected their late life experiences to include custodial care of their grandchildren and experienced violated expectations of late life due to care giving responsibilities. Non-care giving participants also experienced violated expectations and discussed disappointment with their levels of activity and social engagement, limited income, and limited mobility. Participants may have experienced violated expectations because their expectations of late life aligned with prominent social narrative of aging. This finding seems to reflect feminist research which suggest that the social narrative can be internalized by older women thus impacting their expectations of late life (Ross-Sheriff, 2008). The social narrative surrounding successful aging is contradictory to the gerotranscendence perspective, which posits people become less materialistic, and are not concerned with physical appearance as they successfully age (Tornstam, 1999). Previous studies have concluded that individuals who live in Western

societies that are not supportive of gerotranscendent notions may have fewer opportunities to reach gerotranscendence and age successfully (Lawin, 2001). For the women in this study, it is possible that living in Arizona a “retirement state” where advertisements of an independent and active late life, which does not include care giving obligations, are prolific may have an additional impact on late life expectations. Feminist theory holds that Macro factors such as the narrative of aging, societal norms and policies have an impact on older women’s trajectories. Several participants noted that social policies such as the kinship care stipend and respite care had a profound impact on their lives. Therefore, future qualitative research should explicitly explore diverse women’s perceptions of what successful aging entails as well as factors that contribute to their perceptions such as social policies and social norms. This may be accomplished using critical gerontology, which focuses on allowing older people themselves to define the research questions. The critical gerontology approach has four goals:

1. to theorize subjective and interpretive dimensions of aging.
2. to focus not on technical advancement but one “praxis”, defined as active involvement in practical change, such as public policy.
3. to link academics and practitioners through praxis.
4. to produce “emancipatory knowledge”, which is a positive vision of how things might be different of what a rationally defensible vision of a “good old age” might be. (Mandy, 2003, p. xvii as cited in Hooyman & Kiyak, 2005, p. 298)

Including this theory in future successful aging research involving diverse women would allow researchers to gain more insight into women’s perspective of success in aging.

Care giving and gerotranscendence

The examination of the relationship between GS-RR and care giving revealed that white women consistently scored higher than their counterparts across each care giving category. This finding may be influenced by several factors including educational attainment, and is worth further examination in future research. Participant narratives suggest that the relationship between care giving and successful aging is complex. When discussing the experience of care giving participants mentioned several struggles however, current and past caregivers noted that the experience gave them a sense of meaning and purpose in life. This sample seems to reflect the common theme in the literature regarding the tensions between the joys and difficulties of care giving. Caregivers may derive meaning, feelings of usefulness, and purpose from the care giving role (Goodman & Rao, 2007; Hooyman & Kiyak, 2005; Livingston & Parker, 2010; Silverstein, 2007), the experience also has the potential to cause increased rates of depression (Silverstein, 2007; McInnis-Dittrich, 2010), and emotional strain (Backhouse & Graham, 2012; Lipscomb, 2005; Neely-Barnes, Graff, & Washington, 2010; Musil, et al., 2007). Therefore future research should examine the relationship between care giving and successful aging as well as other factors, such as participants' emotional wellbeing, that may influence the lives of diverse women.

Demographics and gerotranscendence

Interesting demographic trends were found in regards to quality of life, education, and income. Across ethnicities, participants who reported their quality of life as either excellent or good scored higher than their counterparts who rated their quality of life as fair or poor. This finding supports previous studies, which found that quality of life and

successful aging are intertwined (Bowling, Seetia, Morris, & Ebrahim, 2007; Bowling & Liffé, 2011; Guse & Masesar, 1999). The relationship between diverse women's quality of life and successful aging is an important area for future research.

For African American and Hispanic participants GS-RR scores were consistent across women who felt that they had enough money to meet their needs, and those who did not have enough money to meet their needs. However, for white participants there was an interesting difference. White women who did not have enough money to meet their needs had slightly higher GS-RR scores than White women who did have enough money to meet their needs. This discovery conflicts with previous gerotranscendence research, which concluded that those who are less affluent have lower gerotranscendence (Tornstam, 1998). However, this finding may be due the use of an ambiguous word "enough" in the question regarding income. Therefore future research should be conducted using larger sample sizes and a numerical representation of income.

Gerotranscendence theory posits that educational attainment may impact successful aging. Overall, participants in this study with higher educational attainment obtained higher GS-RR scores. Across ethnicities women with college degrees scored higher than women with high school degrees. However, due to the small sample size statistical significance cannot be determined. An interesting trend was found with regards to ethnicity and education. This sample included several women with graduate degrees, all of whom were white women; this may have skewed that data. The Gerotranscendence scale further revised (GS-RR) was anticipated to be applicable with diverse populations. However, in this sample GS-RR scores for white women were consistency higher than their peers across caregiver status, violated expectation, quality of life, and income. This

finding supports other studies that concluded that ethnicity might have an impact on Gerotranscendence (Nobles, 2011). Therefore, in order to determine if the GS-RR is an appropriate measure for diverse women, future research using larger samples sizes should examine the impact of education as well as ethnicity on gerotranscendence scores.

Chapter 6

CONCLUSION

As the aging population continues to grow social workers will inevitably take on more work with older adults. The population of older adults is diverse and developing interventions to effectively address the complex needs of this population is challenging. Social work research that examines the lives of older adults helps practitioners gain insight into the lived experiences of older adults, which can aid in the development of more effective macro level interventions. This research examined factors that impacted successful aging of diverse women. Findings reveal that when success is conceptualized using gerotranscendence theory as a non-traditional construct of successful aging women of color may still appear less successful than their White counterparts. However, findings also reveal that social influences such as the role of caregiver have a complex impact on older women's lived experiences. Future qualitative research should explore diverse older women's perspective of what successful aging entails and factors that impact their perceptions using critical gerontology as a framework. Quantitative research using larger sample sizes to examine caregiver status, education, income, ethnicity, emotional and psychological wellbeing, and Quality of life should also be conducted. Finally, It is possible that examining the lives of women who are not able to take time for meditation and reflection due to care giving responsibilities using a more holistic theory, such as the Harmonious aging theory which posits that successful aging entails coping and adjusting to one's current situation, may help to gain better insight into the late-life experiences of diverse women (Liang & Luo, 2012).

REFERENCES

- Atchley, R. (2008). Spirituality, meaning, and the experience of aging. *Generations*, 32(2), 12-16.
- Backhouse, J., & Graham, A. (2012). Grandparents raising grandchildren: Negotiating the complexities of role-identity conflict. *Child & Family Social Work*, 17(3), 306-315. doi: 10.1111/j.1365-2206.2011.00781.x
- Braam, A. W., Deeg, D. J., van Tilburg, T.G., Beekman, A. T., & van Tilburg, W. (1998). Gerotranscendence as a life cycle perspective: An initial empirical approach among the elderly in the Netherlands. *Tijdschrift Voor Gerontologie En Geriatrie*, 29(1), 24-32.
- Braam, A. W., Bramsen, I., van Tilburg, T.,G., van der Ploeg, H.,M., & Deeg, D. J. H. (2006). Cosmic transcendence and framework of meaning in life: Patterns among older adults in the Netherlands. *The Journals of Gerontology*, 61(3), 121-128.
- Bruce, M. L., Seeman, T. E., Merrill, S. S., & Blazer, D. G. (1994). The impact of depressive symptomatology on physical disability: MacArthur studies of successful aging. *American Journal of Public Health*, 84(11), 1796-1799.
- Cozort, R.W. (2008). *Revising the gerotranscendence scale for use with older adults in the southern United States and establishing psychometric properties of the revised serotranscendence scale*. (Doctoral Dissertation). Retrieved from ProQuest. (3337471)
- Crimmins, E. M., Kim, J. K., & Seeman, T. E. (2009). Poverty and biological risk: The earlier "aging" of the poor. *The Journals of Gerontology* 64(2), 286-292. doi: 10.1093/gerona/gln010
- Dalby, P. (2006). Is there a process of spiritual change or development associated with aging? A critical review of research. *Aging & Mental Health*, 10(1), 4-12.
- Depp, C. A., & Jeste, D. V. (2006). Definitions and predictors of successful aging: A comprehensive review of larger quantitative studies. *Journal of Geriatric Psychiatry* January 2006, 14(1), 6-20.
- Duay, D. L., & Bryan, V. C. (2006). Senior adults' perceptions of successful aging. *Educational Gerontology*, 32(6), 423-445. doi: 10.1080/03601270600685636
- Erikson, E., & Erikson, J. (1997). *The Life Cycle Completed*. New York: W.W. Norton.
- Evans, R. J. (2009). A comparison of rural and urban older adults in Iowa on specific markers of successful aging. *Journal of Gerontological Social Work*, 52(4), 423-438. doi: 10.1080/01634370802609197

- Flood, M. (2002). Successful aging: A concept analysis. *Journal of Theory Construction & Testing, 6*(2)
- Fry, P. S. (1992). Major social theories of aging and their implications for counseling concepts and practice: A critical review. *The Counseling Psychologist, 20*(2), 246-329. doi: 10.1177/0011000092202002
- Goodman, M. R., & Rao, S. P. (2007). Grandparents raising grandchildren in a US-mexico border community. *Qualitative Health Research, 17*(8), 1117-1136. doi: 10.1177/1049732307308457
- Hall, C., & Nordy, V. (1973). *A primer of Jungian psychology*. New York: New American Library.
- Hooyman, N., & Kiyak, H. A. (2005). *Social gerontology, a multidisciplinary perspective. (7th ed.)*. Boston: Pearson.
- Hoshino, K., Zarit, S. H., & Nakayama, M. (2009). Predictors of psychosocial development of gerotranscendence among Japanese older adults. *Gerontologist, 49*
- Hsieh, L., & Wang, J. (2008). The relationship between gerotranscendence and demographics in institutionalized elders. *Hu Li Za Zhi The Journal of Nursing, 55*(6)
- Hyse, K., & Tornstam, L. (2009). Recognizing aspects of oneself in the theory of gerotranscendence Dept. of Sociology.
- Janssen, I. (2011). Midlife physical activity affects successful aging in women. *Clinical Journal of Sport Medicine, 21*(1), 71-72. doi: 10.1097/01.jsm.0000393476.50545.b1
- Jönson, H., & Magnusson, J. A. (2001). A new age of old age?: Gerotranscendence and the re-enchantment of aging. *Journal of Aging Studies, 15*(4), 317-331. doi: 10.1016/S0890-4065(01)00026-3
- Kelley, S. J., Whitley, D. M., & Campos, P. E. (2011). Behavior problems in children raised by grandmothers: The role of caregiver distress, family resources, and the home environment. *Children and Youth Services Review, 33*(11), 2138-2145. doi: 10.1016/j.childyouth.2011.06.021
- Kirsten Thorsen. (1998). The paradoxes of gerotranscendence: The theory of gerotranscendence in a cultural gerontological and post-modernist perspective. *Norwegian Journal of Epidemiology, 8*(2)
- Laing, J., & Luo, B. (2012). Toward a discourse shift in social gerontology: From successful aging to harmonious aging. *Journal of Aging Studies, 26* (3), 327-334.
- Lewin, F. A. (2001). Gerotranscendence and different cultural settings. *Ageing and Society, 21*(4), 395-415.

- Lewin, F.A. (1998). Sufism and gerotranscendence: The impact of way of thinking, culture, and aging on spiritual maturity. *Journal of Aging and Identity*, 3(4), 189-211.
- Lewin, F. A., & Thomas, L. E. (2001). Gerotranscendence and life satisfaction: Studies of religious and secular iranians and turks. *Journal of Religious Gerontology*, 12(1), 17-41.
- Lipscomb, R. C. (2005). The challenges of african american grandparents raising their grandchildren. *Race, Gender & Class*, 12(2), 163-177.
- Majercsik, E. (2005). Hierarchy of needs of geriatric patients. *Gerontology* 51 (3), 170-3.
- Masui, Y., Gondo, Y., Takayama, M., Kureta, Y., Nakagawa, T., Takahashi, R., & Imuta, H. (2010). The characteristics of gerotranscendence in frail oldest-old individuals who maintain a high level of psychological well-being. *Gerontologist*, 50
- McInnis-Dittrich, K. (2008). *Social work with older adults* (3rd ed.) Allyn & Bacon.
- McMullin, J. A. (2000). Diversity and the state of sociological aging theory. *The Gerontologist*, 40, 517–530.
- Mitchell, V., & Bruns, C. M. (2010). Writing one's own story: Women, aging, and the social narrative. *Women & Therapy*, 34(1-2), 114-128. doi: 10.1080/02703149.2011.532701
- Moen, P., Dempster-McClain, D., & Williams, R. M. (1992). Successful aging: A life-course perspective on women's multiple roles and health. *American Journal of Sociology*, 97(6), 1612-1638.
- Mortimer, P. M., Ward, L., & Winefield, H. (2008). Successful ageing by whose definition? views of older, spiritually affiliated women. *Australasian Journal on Ageing*, 27(4), 200-204.
- Nakagawa, T. (2008). A qualitative research on gerotranscendence of the japanese elderly: Results of a pilot study. *Japanese Journal of Gerontology*, 30(2)
- Neely-Barnes, S., Graff, J. C., & Washington, G. (2010). The health-related quality of life of custodial grandparents. *Health & Social Work*, 35(2), 87-97.
- Nobles, W. (2010). *Understanding the presence of gerotranscendence among diverse racial and ethnic older adults in florida* (Doctoral dissertation). Retrieved from ProQuest. (446954)
- Patton, J. F. (2006). Jungian spirituality: A developmental context for late-life growth. *The American Journal of Hospice & Palliative Care*, 23(4), 304-308.

- Paulson, D., Bowen, M. E., & Lichtenberg, P. A. (2011). Successful aging and longevity in older old women: The role of depression and cognition. *Journal of Aging Research, 2011* doi: 10.4061/2011/912680
- Reichstadt, J., Sengupta, G., Depp, C. A., Palinkas, L. A., & Jeste, D. V. (2010). Older adults' perspectives on successful aging: Qualitative interviews. *The American Journal of Geriatric Psychiatry, 18*(7), 567-575.
- Robert, C. A. (2008). Spirituality, meaning, and the experience of aging. *Generations, 32*(2)
- Roberta Sands, Robin Goldberg-Glen, & Pamela Thornton. (2005). Factors associated with the positive well-being of grandparents caring for their grandchildren. *Journal of Gerontological Social Work, 45*(4), 65-82.
- Roberto, K. A., Allen, K. R., & Blieszner, R. (1999). Older women, their children, and grandchildren: A feminist perspective on family relationships. *Journal of Women and Aging, 11*(2-3), 67-84. doi: 10.1300/J074v11n02_06
- Rossi, P. H., Freeman, H. E., & Lipsey, M. W. (2003). *Evaluation: A systematic approach*. Minneapolis: SAGE.
- Ross-Sheriff, F. (2008). Aging and gender, feminist theory, and social work practice concerns. *Affilia, 23*(4), 309-311. doi: 10.1177/0886109908323998
- Rowe, J. W., & Kahn, R. L. (1997). Successful aging. *The Gerontologist, 37*(4), 433-440. doi: 10.1093/geront/37.4.433
- Roy, C. (2005). The age of beauty calendar for flood relief: Photography, solidarity, fundraising, and vibrant older woman. *Convergence, 38*(4), 69-84.
- Rozanova, J. (2010). Discourse of successful aging in the globe & mail: Insights from critical gerontology. *Journal of Aging Studies, 24*(4), 213-222. doi: 10.1016/j.jaging.2010.05.001
- Saucier, M. G. (2004). Midlife and beyond: Issues for aging women. *Journal of Counseling and Development 82*(4), 420-425.
- Snodgrass, J., & Sorajjakool, S. (2011). Spirituality in older adulthood: Existential meaning, productivity, and life events. *Pastoral Psychology, 60*(1), 85-94.
- Stephenson, L. (2009). Civic engagement of elders: Influence of generativity and gerotranscendence throughout the life course. *Gerontologist, 49*
- Strawbridge, W. J., Wallhagen, M. I., & Cohen, R. D. (2002). Successful aging and well-being self-rated compared with rowe and kahn. *The Gerontologist, 42*(6), 727-733. doi: 10.1093/geront/42.6.727

- Thorsen, K. (2009). The paradoxes of gerotranscendence: The theory of gerotranscendence in a cultural gerontological and post-modernist perspective. *Norsk Epidemiologi*, 8(2)
- Tomizawa, K., & Takahashi, M. (2009). a hierarchical model of gerotranscendence among the oldest old in the amami archipelago. *Gerontologist*, 49, 313-314.
- Tornstam, L. (2003) Gerotranscendence from young old age to old old age. *The Social Gerontology Group, Uppsala Sweden*. Available at <http://www.soc.uu.se/publications/fulltext/gtransoldold.pdf>
- Tornstam, L. (2000). Transcendence in later life. *Generations, Journal of the American Society on Aging*, 23(4), 10-14.
- Tornstam, L. (1997a). Gerotranscendence: The contemplative dimension of aging. *Journal of Aging Studies*, 11(2), 143-154.
- Tornstam, L. (1997b). Life crisis and gerotranscendence. *Journal of Aging and Identity*, 2, 117-131.
- Tornstam, L. (1996). Caring for the elderly - introducing the theory of gerotranscendence as a supplementary frame of reference for caring for the elderly. *Scandinavian Journal of Caring Sciences*, 10(3), 144-150.
- Torres, S. (2006). Different ways of understanding the construct of successful aging: Iranian immigrants speak about what aging well means to them. *Journal of Cross-Cultural Gerontology*, 21(1/2), 1-23.
- Troutman, M., Nies, M. A., & Mavellia, H. (2011). Perceptions of successful aging in black older adults. *Journal of Psychosocial Nursing and Mental Health Services*, 49(1), 28-34.
- Troutman, M., Nies, M. A., Small, S., & Bates, A. (2011). The development and testing of an instrument to measure successful aging. *Research in Gerontological Nursing*, 4(3)
- Urn:Nbn:Se:Uu:Divu-98591: Recognizing aspects of oneself in the theory of gerotranscendence. Retrieved
- Van Etten, D., & Gautam, R. (2012). Custodial grandparents raising grandchildren: Lack of legal relationship is a barrier for services. *Journal of Gerontological Nursing*, 38(6), 18-22. doi: 10.3928/00989134-20120509-02
- Wadensten, B. (2005). Introducing older people to the theory of gerotranscendence. *Journal of Advanced Nursing*, 52(4), 381-388. doi: 10.1111/j.1365-2648.2005.03603.x

- Wadensten, B. (2006). An analysis of psychosocial theories of ageing and their relevance to practical gerontological nursing in Sweden. *Scandinavian Journal of Caring Sciences*, 20(3), 347-354. doi: 10.1111/j.1471-6712.2006.00414.x
- Wadensten, B., & Carlsson, M. (2003). Theory driven guidelines for practical care of older people, based on the theory of gerotranscendence. *Journal of Advanced Nursing*, 41(2), 183-192.
- Wagnild, G. (2003). Resilience and successful aging: Comparison among low and high income older adults. *Journal of Gerontological Nursing*, 29(12), 42-49.
- Wang, J. (2011). A structural model of the bio-psycho-socio-spiritual factors influencing the development towards gerotranscendence in a sample of institutionalized elders. *Journal of Advanced Nursing*, 67(12), 2628-2636. doi: 10.1111/j.1365-2648.2011.05705.x
- Weir, P. L., Meisner, B. A., & Baker, J. (2010). Successful aging across the years does one model fit everyone? *Journal of Health Psychology*, 15(5), 680-687. doi: 10.1177/1359105309353648
- Wicks, A. (2006). Older women's ways of doing: Strategies for successful ageing. *Ageing International*, 31(4), 263-275. doi: 10.1007/BF02915425
- William J. Strawbridge, Richard D. Cohen, & Sarah J. Shema AU - George A. Kaplan. (1996). Successful aging: Predictors and associated activities. *American Journal of Epidemiology*, 144(2), 135-135.
- Wray, S. (2003). Women growing older: Agency, ethnicity and culture. *Sociology*, 37(3), 511-527. doi: 10.1177/00380385030373007
- Wray, S. (2004). What constitutes agency and empowerment for women in later life? *The Sociological Review*, 52(1), 22-38. doi: 10.1111/j.1467-954X.2004.00440.x
- Yount, W. R. (2009). Transcendence and aging: The secular insights of Erikson and Maslow. *Journal of Religion, Spirituality & Aging*, 21(1-2), 73-87.

APPENDIX A

GEROTRASCENDENCE SCALE-FURTHER REVISED (GS-RR)

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

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

*Items retained from original scale.

**Items revised for the GS-R.

***Items further revised for the GS-RR.

APPENDIX B
EXPLORATIVE QUESTIONS

Explorative Questions

Question 1: Did you ever care for your aging parents?

Question 2: Did you ever care for younger children?

Question 2a. Was there ever a time when you were caring for both?

Question 3: How often are you around young people? What types of interactions do you have (or would you like to have) with young people?

Some community centers have intergenerational programs where adults spend time working with young children doing things that range from reading to the children to teaching them skills.

Question 4a. Would participating in a program such as this be of interest to you?

Question 4b. If you could give one piece of advice to younger generations what would it be?

Question 5: Quality of life is described as an individual's personal satisfaction with the overall quality of the different areas of life. For example; social, mental, physical, family, spiritual, security and meaningful activity. With that in mind, how would you rate your overall quality of life? Excellent good fair or poor
