Multicultural Gerotranscendence: A Theoretical Approach to Working with Older Adults

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Abstract

With the growing number of the aging population, the call for counselors to understand the developmental processes of all clients is essential. The theories of gerotranscendence and multicultural counseling and therapy are central to the understanding of adult development in later life. The use of these two theories together provides a theoretical basis for counselors wishing to provide services to diverse older adults.

KEYWORDS:
Older adults, Gerotranscendence, Multicultural counseling

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Older adults in the United States (U.S.) are an underserved population with respect to counseling services and mental health care (Salaz et al., 2016; Xiang et al., 2018). The incidence of mental health issues, including depression and anxiety, is estimated to affect over one-third of the population of older adults. However, when including developmental and sociocultural issues, such as transition to retirement, grandparenthood, second careers, living through a pandemic, or loss of a spouse, the number is believed to be staggeringly higher (Salaz et al., 2016; Sutter et al., 2022; Xiang, 2018). Additionally, in many cultures, aging has been viewed negatively, and people hold stereotypes about different age groups. For example, older adults might be viewed as wise but fragile when younger people generalize about this group (George, 2023).

Within the U.S., many groups of adults experience age-related oppression, and older adults—regardless of gender, culture, or privilege—often endure ageism and other forms of age-related discrimination (Dixon et al., 2023). Older adults in the U.S. lose authority and autonomy, experience workplace discrimination, often see a decrease in wealth and income, and experience higher rates of poverty than the rest of the population (Lu et al., 2023). Being old is a position of low status in a culture that values youth and vitality (Dixon et al., 2023). Additionally, Euro-American Western, middle-class males, the originators of much of the geriatric research (Diehl et al., 2020), have traditionally emphasized mid-life values that guide the theories and conceptualizations that elevate productivity, effectiveness, and independence (Sutter et al., 2022; Tornstam, 2003). It is assumed that old age implies the continuity of these values; yet, according to some theorists, these values become less important as individuals age (Tornstam, 2005).

Sutter et al. (2022) noted that through the media portrayal of older adults during the COVID-19 pandemic, ageism was promoted in the thoughts of the younger people who viewed older adults as a burden. Because many of those in Western cultures believe that it is activity, productivity, efficiency, individuality, independence, wealth, health, and sociability that matters most, society could be stifling the process of aging well (Pedroso-Chaparro et al., 2021; Tornstam, 2005). These societal views might make an aging individual feel guilty about developmental changes and doctors, nurses, and family members might inadvertently obstruct a natural process toward successful aging (Pedroso-Chaparro et al., 2021; Tornstam, 1994). The attitude that older adults are withdrawing from society is misunderstood from a cultural standpoint and there is a perception that this withdrawal is not part of normal mid-life activity, productiveness, and social commitments that count in our society. Therefore, older adults might feel shame for reaching a different view of life and living (Pedroso-Chaparro et al., 2021; Tornstam, 2005)

The Cultural Implications of Aging

In many cultures, aging has been viewed negatively, and people are often encouraged to use words about this group such as "senior citizen" to avoid the negative connotations associated with old age (Pedroso-Chaparro et al., 2021; Van Vleck, 2022). However, Diehl et al. (2020) noted that a new narrative regarding aging is needed, particularly around the increasing diversity within the older adult population. In addition to the increased racial and ethnic diversity among older adults in the U.S., differences in socioeconomic status (SES), immigration status and cultural background, gender and gender identity, sexual orientation, rural-urban location, and religious affiliations are major features of diversity, are interrelated, and contribute to complex individual and group identities (Diehl et al., 2020; Mehrotra & Wagner, 2019). How individuals and communities approach aging and the allocation of resources is often influenced by diversity and group differences. Historically underrepresented individuals have less access to health care, social resources, and societal opportunity structures (Diehl et al., 2020). Therefore, many underrepresented individuals have a lifelong history of disparity in resources, resulting in accumulated disadvantages in education and employment, health and health care, and upward social mobility (Ferraro et al., 2017).

Additionally, the likelihood that individuals will be exposed to multiple risk factors in older age increases with the presence of one or more characteristics of diversity (Diehl et al., 2020). To illustrate this point, Diehl et al. (2020) provided an example of the health and well-being of elderly Latinx women living in small rural communities in the Midwest. The authors noted that these women experience barriers related to (a) their racial or ethnic minority status; (b) their geographic location (i.e., poorer access to health care and social services); (c) their gender; and (d) their SES (e.g., education, employment, income). This study only further validates the importance of the intersection of old age and diversity in a number of areas.

Scholars have been slow to recognize oppression in old age in the same way they have in other groups (Dixon et al., 2023). Life experiences related to gender, ethnicity, and income, as well as life transitions associated with aging, often create a special need for counseling services within the older adult population (Hague, 2018). However, the needs of older adults are not always

met through counseling services, and counselor educators are not always adequately trained to work specifically with the older adult population (Hague, 2018). Previously developed competencies and guidelines have outlined the necessity for counselors to work with older adults. *The Gerontological Competencies for Counselors and Human Development Specialists* indicated "all counselors [must] graduate with some knowledge of the needs of older persons and the skills to provide effective helping interventions to meet those needs" (Myers & Sweeney, 1990, p. 2). However, these dated guidelines have lost recognition as the counseling field has done away with many programs that focused on training counselors in gerontology. For a counselor to be competent in working with geriatric clients, they must understand theories applicable to the geriatric population, their life experiences, and the developmental processes in depth (American Counseling Association, 2008). The specific challenges experienced by older adults in the U.S. point to the need for a unique theoretical approach to counseling this population.

One particular theoretical approach, the theory of gerotranscendence (GTT), provides a framework that counselors can use to work with older clients to develop strategies for successful aging. In addition, the theory of multicultural counseling and therapy (MCT) adds a unique perspective to GTT that allows this theory to be used with diverse racial and ethnic populations and those from varying backgrounds. Teaching and incorporating both theories into practice would strengthen the competencies of counselors working with older adults, making them more in tune to the specific needs related to aging among people from diverse racial and ethnic groups. Thus, in a society that will increase in diversity in the coming decades, it is of utmost importance to provide a model and theoretical approach that accounts for multiple diversity factors and to recognize that these factors interact with each other in complex ways as individuals age (Mehrotra & Wagner, 2019; Tornstam, 1997).

Gerotranscendence and Multicultural Counseling and Therapy

The theories of GTT and MCT are central to the understanding of adult development in later life for diverse individuals. The use of these two theories together provides a theoretical basis for counselors wishing to provide services to diverse older adults. The following is an overview of these theories.

The Theory of GTT

Tornstam (1994) described GTT as a shift in meta-perspective in which aging adults move from a materialistic and rational perspective to a more cosmic and transcendent one. Usually, this is followed by an increase in life satisfaction. According to Tornstam (1994, 2005) the shift toward GTT can include a redefinition of perceptions of time, space, objects, life, and death, as well as a decreased fear of death. He also posited that there is a noted increased feeling of cosmic communion or connection with the spirit of the universe, of affinity with past and future generations, and time spent in meditation. Also noted are decreases in the interest in social interaction, material things, and self-centeredness. These shifts towards GTT are described as gerotranscendental behaviors (Tornstam, 2003).

In his 2005 book, *Gerotranscendence: A Theory of Positive Aging,* Tornstam described gerotranscendental behavior as noted by nurses and other medical staff. The 12 behaviors are key elements of GTT, and these behaviors are considered mostly universal (experienced by the majority of people as a natural process in aging). They are in essence a product of individuals' abilities to free themselves from societal standards and engage in free development, growing into old age without guilt. Although, many people do reach these levels, which is the goal of GTT, others never do because of a lack of ability or desire to part with typical Western ideals, such as a longing for continued mid-life activity, productiveness, and increased social engagements. Tornstam (2005) made the claim that the very process of living encompasses a general tendency toward GTT, which is, in principle, universal and culture free.

Much of what older adults experience as they near the end of their lives manifests itself through behaviors or actions that might appear unique to outside observers (Tornstam, 1997). An example of one of these gerotranscendental behaviors is what Tornstam (2005) called the transcendence of time. An untrained professional counselor might perceive the client discussing the distant past as if it were a recent occurrence as pathological. Tornstam (2005) recognized that the behaviors could be understood from other perspectives or theories, such as those familiar to social gerontology. For example, Havens's (1968) continuity perspective assumes a positive and natural urge to continue the midlife lifestyle and identity into old age; however, GTT notes a shift in perspective between midlife and old age. Erikson's (1950) developmental perspective assumes a positive development of the identity into old age, and although it is often used in conjunction with GTT, the two theories differ with respect to Erikson's eighth stage called *ego-integrity* or *despair*, and what Tornstam (1994) calls gerotranscendence. However, Erikson's wife, Joan Erikson (Erikson & Erikson, 1997), revisited the original theory to add a ninth stage, where it was proposed that older adults revisit the

previous eight stages and deal with the preceding conflicts in new ways as they cope with the physical and social changes of growing old, acknowledging gerotranscendence as the outcome of this new stage. Similarly, Atchley's (1989) Continuity Theory suggested that middle-aged and older adults use adaptive strategies and structures associated with past experiences to preserve and continue their social world, potentially pre- and post-retirement, into old age. Most notably, disengagement theory (Cumming et al., 1960) assumes an inherent and natural drive to disengage mentally and socially during the aging process. Tornstam (1994) also purported that from each of these perspectives gerotranscendental behaviors would be interpreted differently.

These earlier theories, particularly the disengagement theory (Cumming et al., 1960), and their negative overtones on the lifespan gave birth to GTT and made it an ideal companion theory to work being done with diverse older adults. GTT was formulated by Tornstam (1994) in response to general dissatisfaction with the theoretical state in gerontology. Many other gerontological theories lacked an explanation of the developmental processes of aging. The theories typically focused on causes rooted in social structure, economy, and materialism with an empirical focus (Tornstam, 2005). Tornstam (1994) intended to move away from the medical model of aging; thus, he introduced the concept of aging from a humanistic perspective. Due to the focus on humanism, many practitioners adopted GTT as part of their counseling paradigm (Jönson & Magnusson, 2001), and it was often used in conjunction with Erikson's (1950) life cycle theory. However, since gerotranscendental behavior is only witnessed in aging people without dementia, depression, or psychotropic drug use, viewing these behaviors from one of the previously mentioned perspectives could provide drastically different reactions in medical staff. These behaviors do not apply to all cases, and as a counselor, recognizing specific pathologies and understanding the etiologies behind them are paramount. However, GTT allows for practitioners to view the aging adult population from a more age-centered framework, one focusing closely on the older adult population and the developmental changes specific to this age group.

In his review of psychological theories of aging, Schroots (1996) named GTT as one of the two most important theories introduced between 1980 and 1990. Guidelines based on the theory have been established to support care-workers in providing supplemental care promoting gerotranscendence in older adults (Jeffers et al., 2020). In developing his theory, Tornstam (1994) observed social-matrix factors and incidence impact factors which could be seen as closely related to SES. These social-matrix factors and incidence impact factors were found to highly correlate with gerotranscendence. Incidence impact factors (such as life crises) and social-matrix factors (like profession and income) seem to affect the dimensions of gerotranscendence (George & Dixon, 2018; Tornstam, 2005). Tornstam (2005) provided the interpretation that an autonomous life contributes to liberation from rules and values that might otherwise reduce the possibility for the development of gerotranscendence.

MCT and Older Adults

The purpose of MCT is to provide a platform for theory development, research, practice, training, and to begin to move away from more Eurocentric counseling approaches (Sue et al., 2007). As such, MCT is easily integrated with many counseling theories, but provides a culture-centered approach, allowing counselors to view each theory from a cultural perspective (Pedersen & Ivey, 1993). This integration allows professional counselors to make the values, biases, and assumptions of each theory clearer. Through the integration of MCT with other counseling theories, the integrity of each theory is preserved, yet a more culture-centered understanding of the human condition is added (Sue et al., 2007).

The underlying assumptions to MCT provide the foundation for those choosing to integrate the theory with counseling work, but also shows the theory's roots in the postmodern tradition. Many of the assumptions of MCT exemplify the strengths of the postmodern philosophy of science (Highlen, 2007). MCT theory represents a core of postmodern philosophy in the use of social constructionism, or people constructing their worlds through social processes that contain cultural symbols or metaphors (Highlen, 2007). Watts (1992) identified four implications of social constructionism that MCT addresses: (a) cultural relativism—that is, culture must be understood in reference to itself and not in reference to the dominant culture; (b) a sociopolitical stance that implies the unfairness of the dominant group imposing standards on another; (c) an ecological and social systems approach, meaning that people are influenced by historical, cultural, and social conditioning in interactions; and (d) participant focused methodologies, meaning that the influence of a worldview must be acknowledged in research, theory, and practice (p. 117). Highlen (2007) also pointed out that MCT theory provides a relational view of language, an inclusive use of language that allows for multiple realities and truths to exist. Additionally, MCT theory is contextualist, and recognizes that behaviors should be understood from the context of its occurrence (Calloway & Creed, 2022; Szapocznik & Kurtines, 1993). Finally, MCT theory uses a "both/and" rather than an "either/or" perspective of research, theory, and practice. This further defines the point of inclusiveness, allowing all theories to operate under the assumptions of MCT (Highlen, 2007).

Due to its inclusive nature, MCT has been used with specific populations. When applying MCT to their practices, researchers must be aware of the balance between the culture-universal and the culture-specific, noting its appropriateness or inappropriateness with certain populations (Calloway & Creed, 2022; Sue et al., 2007). MCT theory has been used and researched with populations such as African American, Indigenous American, Asian American, Latinx, and women (Calloway & Creed, 2022). Working with each of these specific populations comes with its own set of assumptions and implications (Sue et al., 2007). Additionally, counselors are encouraged to use the previous research with specific populations to springboard work with other diverse groups in society. Sue et al. (2007) noted the importance of theory expansion and applicability to other culturally diverse groups, including LGBTQIA+, Middle-Eastern and Arab, people with health conditions or impairments, and older populations. It is important to understand that each of these populations presents a unique worldview; however, MCT can provide a foundation for work with distinct groups. Applying MCT to counseling work with older multicultural populations has promise and value. Specifically, the ability to effectively integrate MCT with pre-existing theories allows for the potential to broaden the understanding of aging as it applies to diverse populations (Calloway & Creed, 2022).

Positionality Statement

There are two authors for the current article proposing a new theoretical framework. Both authors identify as white, cis-gender females, with personal and professional experience with multicultural aging populations. The primary author specializes in counseling with the older adult population and has specific content knowledge and research history with the theory of gerotranscendence. She is a licensed Clinical Mental Health Counselor and Qualified Supervisor in the State of Florida, and a member of several professional organizations, including the American Counseling Association and the Association of Counselor Education and Supervision. The second author began this project as a student and has since graduated and practices as a Registered Mental Health Counseling Intern with a keen interest in mental health advocacy. She brings a unique perspective to the discussion, informed by her experiences working with Veterans and their families. Together, the authors aim to present a comprehensive discussion that advances the field of mental health counseling and advocates for the well-being of all individuals, with a specific focus on the intersection of gerotranscendence and cultural competency. In presenting the ideas in this manuscript, the authors strive to remain transparent and objective, recognizing the potential biases that may arise from their respective positionality. Through their collaboration, they hope to contribute meaningfully to the discourse on gerotranscendence, cultural competency, and mental health counseling, promoting positive change in the field.

Introducing a New Model: Multicultural Gerotranscendence

Multicultural Gerotranscendence (MGT), introduced as a new model to approach the older adult population, is an important shift from traditional GTT for several reasons (Nobles, 2011). First, GTT grew out of humanistic thought, which is generally considered to lack cultural awareness. However, some of the postulates of humanistic theory (humans cannot be reduced to components; human consciousness includes awareness of oneself in the context of other people; humans are intentional and seek meaning, value, and creativity; Bugental, 1964) share some of the same overtones discussed in MCT. Applying MCT to GTT can only make a theory of MGT a stronger more inclusive theory (Nobles, 2011). Second, although Tornstam (2005) claimed the process of gerotranscendence is culture-free, a few researchers focused on the differences in gerotranscendental development across SES, culture, race/ethnicity, or those individuals moving from a western to a non-western culture or vise-versa (Abreu et al., 2023; Ahmadi-Lewin, 2001; Nobles, 2011). The inclusion of MCT can help to bring a new cultural perspective to the previous GTT research and provide a new context through which future research with older adults can occur (Nobles, 2011).

Although much of the research on differences in the gerotranscendence process has focused on gender (Tornstam, 2005; Wadensten & Carlsson, 2005), some literature exists that focuses on gerotranscendence across cultures (Abreu et al., 2023; Ahmadi-Lewin, 2001; Tornstam, 1994). The results of Tornstam's Swedish 1995 cross-sectional study suggest that the process of gerotranscendence might appear different depending on cohort affiliation, gender, and life circumstances. Tornstam (1994) noted that a comparative study may show the process of gerotranscendence to be somewhat different in various cultures. In fact, Ahmadi (1998, 2000, 2001) elaborated on this, and concluded that cultural elements should be regarded as modifiers to the development of gerotranscendence—the process of gerotranscendence might appear differently in different cultures. Ahmadi-Lewin (2001) points to the more fundamental ways of thinking and constructing reality which differ among cultures as one of these modifiers. One example Ahmadi (1998) uses is that in a culture entailing elements of Sufism, a philosophy with roots in

the Islam culture and religion, individuals more easily develop gerotranscendence. However, studies focused on gender and the development of gerotranscendence are more common.

Wortman and Lewis (2021) provided useful insights as to how GTT appears in the Alaska Native culture, specifically in the Elders of the Aleutian Pribilof Islands of Alaska. Their work could lend itself as a case study of sorts as to how MGT could provide a useful framework for working with culturally diverse populations. Specifically, Wortman and Lewis (2021) were working from a model of GTT that, although applicable to successful aging in the Alaska Native population, might have benefitted from a model of MGT. However, when looking through a lens of aging in multicultural communities, an example of how gerotranscendence might appear could be gathered from this study and how personal and interpersonal changes can result from successful aging or achieving Eldership (Wortman & Lewis, 2021). The Elder's stories highlighted the importance of reflection, personal growth, and psychosocial development as milestones of achieving gerotranscendence, and they experienced a shift in mindset that prioritized culture, tradition, and Alaska Native ways of life. Particularly, those who strongly identified with their role in the community noted that Elder status altered perspectives which allowed them to share stories that emphasized culture, connection to the land, and enjoyment of daily activities which ultimately translated to increased life satisfaction (i.e., Cosmic dimension; Wortman & Lewis, 2021).

Tornstam (1997) found that men and women scored differently on measures evaluating the cosmic dimension of gerotranscendence (connected with changes in the perception or definition of time, space, life, and death). Most notably, women scored higher than men on cosmic transcendence measures. Tornstam (2003) concluded that this might be due to a developmental crisis experienced during childbirth. In fact, women who had not given birth experienced lower levels of cosmic transcendence than those who had given birth (Tornstam, 2005). Tornstam (2003) separately found that women were less inclined to experience a development of body transcendence, or they had difficulty adjusting to physical appearance as they aged. However, sex differences on cosmic transcendence were found to decrease with age (Tornstam, 1997). To understand gender differences in the development of gerotranscendence further, Wadensten and Carlsson (2005) introduced this theory to older women. In their 2005 study, Wadensten and Carlsson found that all the women in his group had an experience of aging that was somehow in line with the theory's description (Wadensten & Carlsson, 2005). They also noted that they felt that the theory of aging offered by gerotranscendence was beneficial because it gave them a more positive view of aging, which also allowed them to embrace their developmental process.

Tornstam (2005) believed that humans begin their transcendent journeys in early adulthood and gradually develop to their maximum potential for transcendence in later life. However, circumstances in life can contribute to the process of change across the lifespan. Some empirical evidence supports that women who did not give birth, both women and men who experienced great trauma, and placement within a social matrix (e.g., not having been married, lack of strong social support, etc.) showed an impeded process of gerotranscendence in later life (Tornstam, 1994, 1997, 2005). Those individuals who might be stifled in the process should seek counseling services to assist the transcendence process (Tornstam, 2005). This lack of focus that GTT has on diverse populations points to MCT being an appropriate theory to use in conjunction to form a more inclusive theory of MGT.

Culturally Sensitive Implications for the Counseling Profession

Further research is needed to address the lack of available studies about the type of training counseling students receive for working with older adults, particularly incorporating such theories as the proposed MGT. GTT also has its own limitations, such that it was developed with a group of older adults, mainly White, in Europe and studies have indicated that gerotranscendence might be experienced differently among diverse individuals (George & Dixon, 2018). The current theoretical presentation recognizes the importance of integrating both GTT and MCT with a focus on cultural considerations and approaching an area of need where there is a significant lack of information.

MCT coupled with GTT (MGT) provides multiple implications for counselor educators, supervisors, and counselors-in-training. The most evident implication is the creation and description of a means to assist in educating about the differences in needs of older adults seeking counseling services. As previously mentioned, all counselors are expected to graduate with a sufficient knowledge of the needs of older adults as well as the skills to provide effective helping interventions to meet those needs (Myers & Sweeney, 1990). MGT could offer a relevant theoretical base and a source of information for counselor educators to draw from when examining the needs of older adults in educating their students. Counseling supervisors would also have culturally applicable information available to assist counselors-in-training who are working with the aging population. This would maintain clients' access to culturally sensitive therapy and ensure counselor have knowledge about one of the largest underserved populations in the U.S. (George, 2023).

Providing counselor training in gerontology and multiculturalism comes with challenges (American Psychological Association [APA], 2014; George, 2023; Sue et al., 2007). Many counselor education and counseling psychology programs in the U.S. are not training students to meet the mental health needs of aging adults (APA, 2014; George, 2023). There is also a lack of current research about the type of training counseling students are receiving regarding the mental health needs of older adults and how to work with this group (APA, 2014). Training of counselors should focus on models specific to older adults, and counselors should be able to apply particular principles to their work (APA, 2014). Through helping counselor education students to focus on application of theory, those charged with their training could also begin to train them to look for ways in which these various factors might be impeding the process of gerotranscendence and techniques specific to working with underrepresented groups.

Counseling practitioners might wonder what MGT looks like in practice and how to cultivate interventions that can be useful when working with older adults. Abreu et al. (2023) provided a review of interventions that could promote gerotranscendence in older adults; however, those interventions have been adapted here to provide the inclusion of a multicultural framework (Nobles, 2011). First, practitioners can stimulate clients to share about their aging experience and share thoughts concerning connectivity, meaning, and culture. Encouraging conversations around meaning making and connection in the context of the client's culture is important for helping a client move toward MGT. Creating a safe space for clients to present specific topics related to aging and allowing for openness around the experience is important for older adults from multicultural backgrounds. Allowing opportunity for older adults to share in culturally meaningful peer groups also allows for older adults to experience a shift towards MGT, particularly around life satisfaction and decreased levels of depression (Abreu et al., 2023; Nobles, 2011).

With the growing number of the aging population, the call for counselors to understand the developmental processes of all clients is essential. The scope of counseling services provided to the aging population could be greatly increased by GTT and MCT. Counselors and counseling programs could begin to understand the needs of the geriatric population to enhance service provision and more skillfully educate counselors in training regarding these needs. Future research should focus on the application of these two theories with various diverse populations as well as applicable interventions counselors could incorporate into their work with older adults. Through the integration of GTT and MCT, professional counselors will have a framework with which they can view the developmental process of their older clients. As the nature of counseling older adults changes with the growth of the population, specific knowledge and techniques gained through MGT will assist in providing useful and helpful information to better serve aging adults.

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