

## Warning Concerning Copyright Restrictions

The Copyright Law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted materials.

Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specified conditions is that the photocopy or reproduction is not to be used for any purpose other than private study, scholarship, or research. If electronic transmission of reserve material is used for purposes in excess of what constitutes "fair use," that user may be liable for copyright infringement.

University of Nevada, Reno

**Mindfulness and Transpersonal Psychology: A New Approach to Aging**

A thesis submitted in partial fulfillment  
of the requirements for the degree of

Bachelor of Arts in Psychology and the Honors Program

by

Kaitlyn E. Barger

Dr. Holly Hazlett-Stevens, Thesis Advisor

May, 2015

**UNIVERSITY  
OF NEVADA  
RENO**

**THE HONORS PROGRAM**

We recommend that the thesis  
prepared under our supervision by

**Kaitlyn E. Barger**

entitled

**Mindfulness and Transpersonal Psychology: A New Approach to Aging**

be accepted in partial fulfillment of the  
requirements for the degree of

**BACHELOR OF ARTS, PSYCHOLOGY**

---

Holly Hazlett-Stevens, Ph.D., Thesis Advisor

---

Tamara Valentine, Ph. D., Director, **Honors Program**

May, 2015

## **Acknowledgements**

I would like to acknowledge and thank the many individuals who have aided and supported me in the process of writing this thesis. First and foremost, I would like to thank my mentor, Dr. Holly Hazlett-Stevens, for graciously allowing me to conduct this independent project under her auspices. I would also like to thank the Honors Program at the University of Nevada, Reno, and the Program Director, Dr. Tamara Valentine, for her guidance and encouragement throughout this process. Finally, I would like to acknowledge and thank the Honors Undergraduate Research Award staff for awarding me for my research efforts in this endeavor.

## **Abstract**

Current psychological research tends to eschew socio-psychological factors of aging and instead focuses on either avoiding aging or discussing cognitive decline and neuro-degenerative diseases. A newer trend in psychological and gerontological literature is a hopeful focus on successful aging, which generally emphasizes maintaining physical and cognitive health and being engaged in life. Two subfields of psychology, mindfulness and transpersonal psychology, are informative for the field of successful aging by encouraging various techniques (including meditation, transformation, and connecting with spirituality) that can aid in successful aging. Mindfulness encourages individuals to live more in the present moment, and increase awareness and acceptance, which allows individuals to be more engaged with life and help them maintain cognition. Transpersonal psychology encourages spiritual connection and life review, important elements for older adults to consider in the last season of life. Gerotranscendence, a proposed element of successful aging, encourages individuals to abandon materialistic views and instead consider their role in the universe. Similarly, transpersonal psychology and mindfulness encourage a broader spiritual connection and focus on many levels of consciousness; these notions could be a catalyst for gerotranscendence and successful aging in general. A further study of these psychological subfields could aid in informing the knowledge and application of techniques to encourage successful aging in a rapidly burgeoning aging population.

## Table of Contents

<b>Acknowledgements .....</b>	<b>i</b>
<b>Abstract.....</b>	<b>ii</b>
<b>Table of Contents .....</b>	<b>iii</b>
<b>Introduction.....</b>	<b>1</b>
<b>Methodology .....</b>	<b>4</b>
<b>Chapter 1: Aging - From Pathology to Positivity .....</b>	<b>9</b>
<b>1.1 Avoiding Aging: Limited Research in Social Psychology .....</b>	<b>10</b>
<b>1.2 Successful Aging: History, Definitions, and Related Concepts.....</b>	<b>12</b>
<b>1.3 Positive Mental Aging and Resilience .....</b>	<b>15</b>
<b>1.4 Self-Perception and Aging.....</b>	<b>19</b>
<b>Chapter 2: Mindfulness – Then and Now.....</b>	<b>27</b>
<b>2.1 A Brief History of Mindfulness.....</b>	<b>27</b>
<b>2.2 Mindfulness as a Construct.....</b>	<b>28</b>
<b>2.3 Defining Mindfulness in Psychology .....</b>	<b>30</b>
<b>2.4 Operational Definitions of Mindfulness.....</b>	<b>33</b>
<b>2.5 Measuring Mindfulness .....</b>	<b>37</b>
<b>2.7 Mindfulness-Based Cognitive Therapy.....</b>	<b>45</b>
<b>2.8 Mindfulness and Aging Research .....</b>	<b>45</b>
<b>2.9 Everyday Mindfulness Techniques .....</b>	<b>47</b>
<b>Chapter 3: Making a Place for Transpersonal Psychology .....</b>	<b>50</b>
<b>3.1 Origins of Transpersonal Psychology .....</b>	<b>50</b>
<b>3.2 Transpersonal versus Humanistic Psychology .....</b>	<b>52</b>
<b>3.3 Defining Transpersonalism .....</b>	<b>54</b>
<b>3.4 Features of Transpersonal Psychology .....</b>	<b>56</b>
<b>3.5 Transpersonal Psychotherapies.....</b>	<b>60</b>
<b>3.6 Further Limitations of Transpersonal Psychology .....</b>	<b>64</b>

<b>Chapter 4: Applications in the Context of Older Adults.....</b>	<b>66</b>
<b>4.1 Mindfulness, Transpersonal Psychology, Spirituality, and Older Adults</b>	<b>68</b>
<b>4.2 Mindfulness and Applications to Aging.....</b>	<b>73</b>
<b>4.3 Transpersonal Psychology and Applications to Aging.....</b>	<b>76</b>
<b>Chapter 5: Summary, Overall Limitations, and Future Directions for Research....</b>	<b>79</b>
<b>5.1 Summary.....</b>	<b>79</b>
<b>5.2 General Limitations.....</b>	<b>80</b>
<b>5.3 Future Directions for Research.....</b>	<b>82</b>
<b>References.....</b>	<b>85</b>

## Introduction

Aging is a universal process – one that weighs heavily on the minds of many, if we are fortunate enough to reach old age. How we experience age as individuals varies dramatically, but overall research on aging contributes to only a narrow field of psychology literature. While psychological aging studies are becoming increasingly popular, there still tends to be an overall emphasis on mechanisms of cognitive decline and age-related neuro-degenerative diseases such as Alzheimer's and Parkinson's Disease, as well as subsequent depression and loss of social value (Baumann, 2012; Galluzzi, Beltramello, Filippi, & Frisoni, 2008; Onoda, Ishihara, & Yamaguchi, 2012; Yankner, Lu, & Bishop, 2010). The nature of these studies fails to focus on examining aging as a time of potential well-being and productivity.

Under this frame of research, there is little attention to positive aspects of aging. One possible way to approach this issue is through using psychological interventions and education to inform the field of successful aging, which is gaining popularity since its conception by Drs. Rowe and Kahn in 1987. Successful aging can generally be defined as a multidimensional, hierarchical process “encompassing the avoidance of disease and disability, the maintenance of high physical and cognitive function and sustained engagement in social and productive activities” (Rowe & Kahn, 1997, pg. 433).

The two psychological constructs mindfulness and transpersonal psychology are potentially promising fields that may suggest ways to age positively or successfully in terms of the definition of successful aging. Mindfulness, originating in Buddhism, is broadly defined as an "active state of mind, fixing the mind strongly upon any subject,

attention, attentiveness, thought, reflection, [and] consciousness" (Gethin, 2011, pg. 263). This concept is used in psychology as a relaxation and meditation technique, particularly in the clinical realm of stress reduction, as demonstrated by Jon Kabat-Zinn's Mindfulness-Based Stress Reduction therapy, developed in Massachusetts in 1979 (Kabat-Zinn, 1994; Kabat-Zinn, 2013). Kabat-Zinn defined Mindfulness as "paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally" (Kabat-Zinn, 1994, pg. 4), which will be used as an important definition throughout this thesis.

Transpersonal psychology, in a similar fashion to mindfulness, seeks to include the optimization of well-being and psychological health by encouraging the experience of many levels of consciousness. Transpersonalism also includes a broadening of awareness and an emphasis on spirituality (Levy, 1983). While these related fields seek to optimize health and well-being, the application is generally limited to individuals already experiencing chronic pain or stress (Baer, 2011; Kabat-Zinn, 2013) or psychotherapy clients (Levy, 1983; Kaspro & Scotton, 1999).

Successful and healthful aging, however, should be a process that is ongoing. Successful aging can also be achieved by potentially using techniques such as mindfulness practice and spiritual awareness found in these fields of inquiry to help prevent or stall the effects ill-psychological health and stress, as well as using these techniques when an individual is already experiencing the challenges of aging, which much of the mentioned literature fails to address comprehensively. Using mindfulness and transpersonal psychology to benefit health and well-being, as well as increasing spiritual experiences in everyday life, could encourage resiliency, or bouncing back after

adversity, which Reed (1989) describes as essential for maintain mental health while facing the various challenges of aging.

An extensive literature review is necessary to examine the current status of the notion of successful aging in psychological research. Additionally, a description of the history of mindfulness and the related area of transpersonal psychology is a necessary source of information describing the complexities and definitions of these concepts and their applications in psychology. The application of this research has the potential to inform gerontology in more interdisciplinary terms as well. An assessment of the role of older adults in the mindfulness and transpersonal psychology literature will be used to address the gaps in studies and the future directions for research in these areas.

With the emphasis on decline in literature mentioned at the beginning of the introduction, there is insignificant mention of mindfulness and transpersonal psychology being used in psychologically healthy individuals, but especially in older adult populations not already engaged in mindfulness and transpersonal psychotherapies and treatments. These subfields should also be emphasized as a method of developing strength, resilience, and coping techniques in anticipation of future hardship and for successful aging in general. Further study would provide a direction for the use of mindfulness and transpersonal psychology as a way to prevent psychological suffering and encourage resilience and acceptance, then the future of aging could focus on developing positive psychological health as opposed to emphasizing cognitive decline. The mindfulness and transpersonal psychology features and techniques outlined in this thesis could be a hope to stalwart the negative effects that the challenges of aging present for individuals and their well-being.

## Methodology

The main approach to conducting, coordinating, and organizing research in this thesis was an extensive literature review. This thesis examined the current status of successful aging as well as the history, definitions, and features of the psychological constructs of mindfulness and transpersonal psychology. The literature was then assessed for important themes and applied in context to inform the potential development and application of various techniques that can potentially encourage positive or successful aging.

The primary databases I used to search for literature were PsycINFO and PsycARTICLES, as well as AgeLine, ERIC, and PubMed. I also found much of my literature by “following the citation trail” and examining the literature cited by many of my sources to provide a richer more well-rounded context to the thesis. I was able to find much of my related and relevant information in this manner.

The first chapter of this thesis is devoted to the status of aging in psychology, successful aging, and other related aspects such as resiliency, self-perceptions on aging, generativity, and gerotranscendence. To understand these topics, these were the initial concepts that I searched for. To begin, it was essential to establish what contributes to the notion of “successful aging” and related concepts such as “positive aging” and “positive mental aging”, which are other key terms I used to search for relevant literature in psychology and gerontology databases such as PsycINFO and AgeLine.

Other related constructs and terms for chapter one that were used as search terms included “models of successful aging,” “psychology of aging,” and “mental aging”. Additionally, in an attempt to review the status of aging in psychology, I searched for

“psychology in aging”, “aging psychology”, and “avoiding aging”. I also did an examination of self-rated psychological health and perceptions on successful aging held by older individuals regarding themselves as well as society’s view on older adults. To find that literature, I reviewed concepts such as “self-perceptions on aging” and “aging and perception”. Some other important terms to consider were also be “self-rated mental health” and “self-rated successful aging”, as well as “perceptions on aging”. To cover the topic of resiliency, I searched for “resiliency measures”, “resiliency and older adults”, and “resiliency and aging”.

After these terms had been searched for throughout the databases, the next step was to scan the abstracts of relevant articles to assess the applicability to the overall topic. Once relevant literature had been selected, I organized the citations and decide what information to include in my work. This was an ongoing process, even while writing, as there was always new information I felt was important to include.

Once I reviewed the information for the first chapter, I then went on to examine the wide array of literature involved with the psychological construct of mindfulness. Mindfulness has many different aspects that contribute to the literature. A jumping off point in assessing mindfulness was reviewing the history. Some of the history of mindfulness includes looking at terms and related subjects such as those mentioned by Steve Hagen (1999): “Buddhism”, “*sati*” and “*smṛti*”, “enlightenment” and “nirvana”, the “eightfold path”, “attention”, “awareness”, the “Buddha mind” or “Buddha nature”, “inner nobility”, “non-judgmental awareness”, and “present moment”, among many others. These terms also apply to the definitions of mindfulness, particularly “mindful awareness” and again “nonjudgmental awareness”, “attention”, and “present moment”, as

well as “non-reactivity”, “reflection”, and “active state of mind”. I also searched for simply “definitions of mindfulness” outright.

After reviewing abstracts and the most relevant information regarding a brief review of the history and definitions of mindfulness, I examined mindfulness therapies and interventions that show relevant applications as preventative techniques for successful aging. Some of these therapies and interventions include Jon Kabat-Zinn’s Mindfulness-Based Stress Reduction (MBSR) and the more recent Mindfulness-Based Cognitive Therapy developed in 2002.

To determine the utility of these concepts, these interventions were viewed in the context of aging. Nevertheless, there did not appear to be much of a presence of aging in mindfulness literature. A review of the literature on MBSR was still necessary to see what populations of older adults have used mindfulness meditation as a technique. MBSR by nature is a stress-reduction program, but mindfulness meditation as used in MBSR could have potential utility for healthy individuals as well, especially older adults, as strength and resiliency building exercises. In an effort to find an aging presence in mindfulness literature, I searched for “mindfulness and aging” or “mindful aging”, “mindfulness-based stress reduction and aging”, “mindfulness and elder care”, “mindfulness and resiliency”, “mindfulness and coping techniques”, and “mindfulness meditation and older adults”.

Once again after assessing cogent abstracts and noting where the literature is lacking, I investigated the relevant literature in the field of transpersonal psychology and compared these references to mindfulness and mindfulness techniques. Transpersonal psychology, like mindfulness, is multi-dimensional. Transpersonal psychology has a

unique history and literature base, focusing on the aforementioned concepts such as spirituality, ego transcendence, and levels of consciousness and the flow of thought.

There are many components to transpersonal psychology that were applicable and related to mindfulness techniques and successful aging as well. Relevant terms that I reviewed for study included, naturally, “transpersonal psychology”, but also “definition of transpersonal psychology”, “history of transpersonal psychology”, “ego-transcendence”, “gero-transcendence”, “life review and transpersonal psychology”, “holistic health care and transpersonal psychology”, “transpersonal psychology and spirituality”, “transpersonal psychology and aging”, “aging and spirituality”, “mysticism and aging”, “meditation and transpersonal psychology”, and perhaps even if any studies have focused on “mindfulness and transpersonal psychology” as an interdisciplinary approach. While Moody and Sasser (2015) mentioned a limited application of transpersonal psychology techniques including meditation, life review, and holistic health care to the context of aging, it was necessary to see if there has been any significant body of literature to assess whether or not transpersonal psychology in the context of aging has been sufficiently covered.

As a brief note, searches for some of these concepts illuminated the limited scope of research regarding mindfulness and transpersonal psychology in the discussion of aging. For example, “mindfulness and aging” revealed only about 2,000 scholarly articles or books, and many of which did not directly address aging. Searching for “mindfulness and transpersonal psychology” only returned 485 results, and reviewing many of the abstracts did not suggest that mindfulness was even mentioned or an important part of the

research. Similarly, entering “transpersonal psychology and aging” yielded only about 570 references of scholarly and peer-reviewed research. .

After completing the initial steps of the literature review, assessing abstracts and reviewing the most relevant articles, I then organized the thesis in a coherent way that illustrates the connections between the various fields that spent my time investigating, as well as how they relate and apply to each other. The process also incorporated an assessment of the potential to apply these constructs to positive and successful aging research. This created an avenue to establish the significance of the research and express clearly why successful aging should be of concern to research now and in the future as well. Some of the literature mentioned throughout this thesis, such as the studies concerning resiliency in older adults that are discussed in chapter one, have already recognized many limitations in the studies and the small body of research that is present on these characteristics in the context of aging. Making note of the gaps in literature is important in understanding why these concepts merit further review.

## **Chapter 1: Aging - From Pathology to Positivity**

This chapter will be devoted to discussing aging in psychological research, which will include a review and definition of successful aging and further related constructs, including resilience and gerotranscendence. The two psychological constructs of mindfulness and transpersonal psychology are potentially promising fields that can inform successful aging and aging research in the future. Before reviewing these subjects, however, it is crucial to understand the context of successful aging constructs in order to optimize future research by incorporating mindfulness and transpersonal psychology into the successful aging literature.

Aging has held an interesting place in the world of research, particularly in psychology. According to Giblin (2011) a geriatric psychiatric nurse clinician, and Lindeman (2005), an expert on aging from the University of New Mexico School of Medicine, prior to the establishment of the MacArthur Foundation Research Network on Successful Aging with the help of prominent geriatrician Dr. John Rowe and retired Professor of Psychology and Public Health, Dr. Robert Kahn, aging was viewed in terms of pathology or non-pathology. Giblin (2011) and Lindeman (2005) explain that Rowe and Kahn's goal was to illustrate how most research focuses on decline, and question why studies do not highlight those older adults that live healthy and productive lives, even in the face of potential decline (Giblin, 2011; Lindeman, 2005). Nevertheless, this movement has been a recent development in the aging discourse.

Even now, seventeen years later, a brief review of scholarly work regarding aging in the field of psychology reveals a continued and narrowly-directed trend: an emphasis on cognitive decline as a result of disrupted resting brain states and decreased functional

connectivity (Onoda, Ishihara, & Yamaguchi, 2012), research on neurodegenerative disorders including Alzheimer's and Parkinson's disease and other forms of dementia as well as potential treatments (Galluzzi, Beltramello, Filippi, & Frisoni, 2008; Yankner, Lu, & Bishop, 2010) and loss of satellite cell function and stem cell function leading to disability (Baumann, 2012).

Naturally, when a problem presents itself, such as Alzheimer's disease, it becomes a focus for research and funding. While there is no discrediting or denying the importance of studying the process and prevalence of neurodegenerative disease in hopes of creating more effective preventions and treatments, it is still fairly evident from the studies mentioned above that older adults living healthy and productive lives are under mentioned in psychology research. Some individuals such as Anne Barrett, Rebecca Redmond, and Carmen von Rohr are beginning to take notice of this phenomena.

### **1.1 Avoiding Aging: Limited Research in Social Psychology**

In 2012, Barrett, Redmond, and von Rohr conducted a small-scale meta-analysis of articles within a thirty-year period with articles dated between 1977 and 2006 from four social psychology journals. They sought to compare the coverage age/aging received as a topic of interest in the various studies published within that thirty-year span, specifically in the area of social psychology. Unsurprisingly, the authors found that very few of the studies from *Social Psychology Quarterly* gave mention of age in terms of social or cultural constructions, and the social psychological consequences of age and aging (Barrett et al., 2012).

According to their results, around “20 % of articles mentioned age/aging, but only 14 % analyzed age and even fewer—only 7 %—seriously considered age” with “seriously considered” defined within the terms of age being central to the title, or with late life age development as a concern of the article (Barrett et al., 2012, pg. 335-6). The authors noted that the *American Sociological Review* and the *Journal of Health and Social Behavior* were more likely to analyze the effects of aging in-depth (Barrett et al., 2012), but ultimately the results demonstrated that the field of psychology has given little attention to the social and cultural impacts of aging, and that there is significant room for improvement in this area. When taking into account that aging is a universal process that can be seen as another stage of development in the lifespan with unique socio-psychological considerations, such a small number of articles considering age in a very pertinent field is limiting.

Another note to reiterate and consider is that the study conducted by Barrett and colleagues was extrapolated from articles within a thirty year period (Barrett et al., 2012); despite the broad time range, the proportion of articles that mentioned aging, particularly noting the important socio-psychological impacts of aging, was fairly unimpressive. Increasing the knowledge and research regarding aging in psychology will become increasingly important as the United States population and the world populations age. In 2000, there were approximately thirty-five million adults aged sixty-five or older in the United States. By 2050, there are projected to be as many as eighty six point seven million adults aged sixty-five or older (Moody & Sasser, 2015), yet scholars of many disciplines, particularly in psychology, have been relatively silent regarding this remarkable demographic trend (Barrett et al., 2012). The changes in the population

demographics facing the United States should be particularly important for psychology, especially social psychology, according to Barrett and colleagues, in terms of the important interactions between social and cultural identity, gender, and age on self-concept, family relations, and psychological health and well-being, and how these factors impact how individuals age and reflect on the unique experience of aging (Barrett et al., 2012).

## **1.2 Successful Aging: History, Definitions, and Related Concepts**

Since the late 1980s, there has been promising growth in what can be called the field of “successful aging” research. Unfortunately, being a construct, successful aging appears to have multiple definitions, components, and implications. There is not even agreement over the nomenclature. The construct “successful aging” is common, but other terminology has included the similar “positive aging”, “productive aging”, “robust aging”, “effective aging”, and the more generic “aging well” (Jeste, 2005). Jeste also notes, however, that there are problems with the terminologies and definitions because they might suggest that if an individual does not meet a certain criteria, that person has “failed” at aging (Jeste, 2005).

To simplify the concept, the definition of “successful aging” used for the purpose of this thesis will be the one established by Dr. John Rowe and Dr. Robert Kahn, as they were two of the first authors to define and describe successful aging, and are frequently cited in the successful aging literature (Jeste, 2005; Giblin, 2011; Lindeman, 2005; Schultz & Heckhausen, 1996). Drs. Rowe and Kahn’s 1987 landmark article titled *Human Aging: Usual and Successful* was the first time the pair introduced the concept of

successful aging and decried the state of aging research for having an emphasis on loss and decline, while failing to address personal and psychosocial factors that have enormous impacts on how individuals age (Rowe & Kahn, 1987). The pair suggested in this critical piece that, while certain declines are present in what is considered “normal” or “usual” aging, the heterogeneity of the older adult population means that lifestyle and personal health habits play a much bigger role than previously believed in *how* an individual ages. Choosing certain health habits and lifestyle decisions can then lend greater control or autonomy to the success of the aging process (Rowe & Kahn, 1987).

Drs. Rowe and Kahn also noted that describing the aging process in terms of pathology versus non-pathology limits the direction research can take in the future. The team suggested that this dichotomy that categorizes older adults neglects to contribute heterogeneity to the older adult population, and implies that there is little to be done about changing the experience of the aging process (Rowe & Kahn, 1987). To evidence that people can retain control over the aging process, Rowe and Kahn emphasized psychosocial influences and resources such as feelings of autonomy or control and a sense of social support can help increase “health-promoting and risk-reducing behavior,” and encourage individuals to be self-advocating for their own care (Rowe & Kahn, 1987, pg. 148).

After the success of their first landmark piece in 1987, in 1997 Dr. Rowe and Dr. Kahn proposed a definition to further clarify successful aging. The team proposed three features as necessary components that must be present that distinguish “successful” aging from “usual” aging. The three features that define successful aging are “low probability of disease and disease-related disability, high cognitive and physical functional capacity,

and active engagement with life” (Rowe & Kahn, 1997, pg. 433). The aforementioned features are relative in relationship and must be met based on a hierarchy of importance. An additional note that further elucidates the meaning of successful aging is that “successful aging goes beyond potential; it involves activity,” particularly productive activity and an emphasis on meaningful interpersonal relationships (Rowe & Kahn, 1997, pg. 433). While individuals have different levels of risk associated with age-related disease and disability, as well as the ability to adapt, Rowe and Kahn echoed sentiments from their 1987 paper implying factors that can outweigh heritability risk, such as lifestyle choices (i.e. diet and exercise), and emphasized the importance of maximizing functional status and engagement in meaningful activities (Rowe & Kahn, 1997).

Since Rowe and Kahn’s original work, there has been a definite increase of the mention of successful aging in literature. In 1996, Schultz and Heckhausen sought to operationalize successful aging as a lifespan model following Rowe and Kahn’s landmark 1987 article. A brief description of what the authors emphasized included the maintenance of primary control of one’s own lifestyle and surroundings throughout the lifespan. Some of these factors included how being diverse in younger years and selective in older years can be important in aging successfully (Schulz & Heckhausen, 1996). The team also discussed how there are normative and non-normative factors to aging, but how one either adapts or fails to adapt to these changes and events are hugely determinant of health status and the amount of control over these age-related changes. Also, Schulz and Heckhausen address how motivation comes into play, which determines individual willingness to put the effort into making conscious decisions to adapt and age more

successfully, and what kinds of decisions might be necessary to change and adapt in order to achieve successful aging (Schulz & Heckhausen, 1996).

An additional study addressing successful aging by Vaillant and Mukamal (2001) helped clarify the concept by breaking down the view of aging into three dimensions: decline, change, and development. Viewing aging through different perspectives illuminates it as a multidimensional process that can be subject to change, not simply the path of fate. For example, Vaillant and Mukamal describe how decline is often associated with aging, but decline is not successful in any way. Change can also be associated as a neutral part of aging, but changes present throughout the progression of aging can be seen as means of development and maturity. The perspective that change can be a component of development and maturity in old age is more conducive to viewing aging in positive terms (Vaillant & Mukamal, 2001). The authors also note that individuals with a higher level of education and a large family and support network were at a greater advantage to increase their success in aging.

Successful aging as described is a multidimensional construct that warrants further attention in research, particularly in the psychosocial realms. In this sense, paying attention to the mental health and psychologically adaptive capabilities of older adults is a crucial direction for psychology research to advance in terms of aging.

### **1.3 Positive Mental Aging and Resilience**

Part of Rowe and Kahn's criteria for successful aging includes the importance of high cognitive functioning and an active engagement with life, including support and interpersonal relations (Rowe & Kahn, 1997). In order to maintain this functioning, it is

only natural that one's mental health be maintained, which might include using skills such as resilience.

In 1989, an early study by Pamela Reed outlined the importance of increasing knowledge to promote mental health in aging as our population of older adults continues to grow (Reed, 1989). Reed discussed the unique nature of each stage of life. Late life is developmentally distinct like any other, but an interesting characteristic of this final stage of life is the presence of certain “natural resources” such as body transcendence, empathic observation, and transmission of wisdom that can be used for “promotion and restoration of mental health” (Reed, 1989, pg. 143-4). Until Reed's examination, however, those resources were relatively unexplored. In order to assess the presence of these resources in older adults, Reed developed the *Developmental Resources of Later Adulthood Scale*, or the DRLA (Reed, 1989) to identify which of these resources are present in older adults with normal mental health and those suffering from depression. In the preliminary trials and pilot studies using the DRLA, results emerged suggesting that older adults with a higher capacity of these adaptive resources were less likely to exhibit symptoms of depression or struggle with mental health issues in late life (Reed, 1989), suggesting the importance of mental reserves that increase resiliency and coping mechanisms to age successfully, despite the inevitability of certain declines and losses in old age.

Since Reed's original study, other research has been done following in Reed's footsteps. Similar efforts have been made to measure various coping and resilience mechanisms in older adults. In 2008, Netuveli and colleagues sought to examine the capabilities of older adults to “bounce back” emotionally and psychologically after facing

adversity, which they described as the definition of resilience (Netuveli, Wiggins, Montgomery, Hildon, & Blane, 2008). The authors found resilience to be a fairly rare quality in older adults, but the results suggested that certain factors can aid in developing resilience and psychological reserves in the face of adversity, including extensive social support networks (Netuveli et al., 2008). Netuveli and colleagues' findings also showed that these psychological reserves, particularly resilience, can be nurtured and cultivated over a lifetime so that when adults are facing the difficulties of the aging process, they are able to use these strengths and coping mechanisms to continue to age positively during the later years of life.

A further study in 2008 by Lamond and colleagues also examined resilience and how resiliency directly applies to old age. They specifically mentioned how little attention concepts such as resiliency have received in the study and context of aging (Lamond, A.J., Depp, C.A., Allison, M., Langer, R., Reichstadt, J., Moore, D. J., ... Jeste, D. V., 2008). The researchers studied a group of older women specifically living in community dwelling settings with a mean age of 73. The authors found four factors that contribute to resiliency in older adults: personal control and goal orientation, adaptation and tolerance for negative affect, leadership and trust in instincts, and spiritual coping (Lamond et al., 2008). Using the Connor-Davidson Resiliency Scale as a measure of stress coping ability (Connor & Davidson, 2003), the team also found individual characteristics such as high levels of social engagement, optimism about life in general, good emotional well-being, self-rated successful aging, and fewer cognitive complaints that are associated with resiliency (Lamond et al., 2008). Once again, a study reveals the importance of social engagement, which can be encouraged and cultivated over a lifetime.

Also, emotional well-being and optimism is bolstered by supporting environments and strong social connections, which ultimately, as these authors demonstrate, lead to higher self-rated statuses concerning successful aging.

To further these findings, in 2010, Dilip Jeste and Colin Depp who worked with Lamond and colleagues in 2008 brought to light an increased emphasis on positive mental aging represented in the *American Journal of Geriatric Psychiatry*. The two mentioned that positive mental aging is typically defined as mutually exclusive of disease or psychiatric disorders, but the pair noted that there have been several studies suggesting that many older adults report high appraisals of health and functioning *despite* disease or psychological illness (Jeste & Depp, 2010), which supports the findings about self-rated successful aging in the 2008 study by Lamond et al. The team also suggested the importance of “‘thinking outside of the box’ in terms of psychological constructs and outcome domains” to achieve positive mental aging, including the degree to which individuals can recover mentally and physically from illness, and be in control and make decisions in their lives and with their own care (Jeste & Depp, 2010, pg. 2).

Unfortunately, the previous studies still fail to identify ways to develop or teach people techniques to become more resilient or increase their psychological reserves. From what has been discussed in the aforementioned articles, resiliency and similar coping mechanisms are depicted as “all-or-nothing” characteristics for each individual – that person either has it or does not. There is no mention of ways in which all individuals can learn techniques to increase their adaptability in the face of adversity, which would encourage individuals to experience aging in positive ways, despite the presence of illness, loss, or decline.

Regardless of the limitations, resiliency can be very informative as a psychological resource. This notion of resiliency can allow older adults to function at a higher level and even thrive in the face of adversity. Unfortunately, resiliency such as bouncing back after adversity (Netuveli et al., 2008), and other moderators of functioning, could potentially be affected by self-perception, as will be described in the next section.

#### **1.4 Self-Perception and Aging**

In psychological research, self-perception and health-status, especially in the realm of aging, have increased in importance within recent years. Becca Levy has been an important figure in research regarding self-perception and the implications these perceptions have on older adults' cognition. In 1996, Becca Levy sought to examine the role of self-perception and self-stereotyping on the cognitive performance of older adults. Levy's goal was to subliminally or implicitly activate either positive or negative self-stereotypes in participants, primarily focusing on older adults, using a computer priming system that briefly flashed either positive age-related word primes (i.e. wise, accomplished, creative, enlightened), or negative primes (i.e. decline, dementia/Alzheimer's, senile, dying, diseased), and the participants simply reported whether or not they had seen a flash (Levy, 1996). The words were presented very quickly and had a camouflage over the form so the primes could not explicitly be identified by the participants. The participants were then given success feedback based on internal or external factors (Levy, 1996).

The participants were also required to complete memory tests before and after the priming task, in which they were tested on the immediate, learned, and delayed recall of

patterns, photo recall tasks, auditory recall tasks, and metamemory tasks that asked participants to assess their own memory capabilities (Levy, 1996). The participants were also asked to describe an older adult in a relatively neutral scenario as part of their “memory” tasks, as well as complete a quiz about aging. They were asked what five words they typically associate with aging. Levy was actually assessing their attitudes towards aging, particularly in relation to whether or not the participants received positive or negative primes (Levy, 1996).

Levy’s findings were quite compelling. The results of the study suggested that self-stereotypes can be subconsciously or implicitly primed in older adults, whether they be positive (wisdom-related), or negative (senility-related). Also, the results indicated that priming stereotypes had an important effect on memory performance and views of aging, as well as participants’ own self-efficacy of memory (metamemory) – positive primes were associated with an improvement in performance, positive age descriptions, and positive metamemory, whereas negative primes were associated with a decrease in performance, negative age descriptions, and negative metamemory (Levy, 1996).

Levy’s 1996 study suggested that self-perception has an enormous impact on one’s own views of aging, even for older individuals themselves. In terms of what the results mean for successful aging, how individuals rate their own psychological status (including memory capabilities) and the valence of their self-perception, whether positive or negative, can be indicative of how the aging process itself affects older individuals. Consistent with Rowe and Kahn’s postulations (1987) and Schulz and Heckhausen’s descriptions (1996), successful aging has a lot to do with autonomy and a sense of primary control over an individual’s life and surroundings. If people feel that aging can

be depicted as positive, and they are in control of their own aging process, including maintaining their memory, successful aging is further within reach for them.

Of course, it is important to note that stereotypes are culturally-driven, and perceptions of aging are developed over a lifetime from exposure to these stereotypes, whether good or bad. It is common to hear older adults being depicted as frail, diseased, demented, or forgetful, especially among young people. In 2009, Becca Levy sought to follow up on her stereotype research by examining how older adults are affected by these stereotypes, as well as the idea of stereotype embodiment by proposing the Stereotype Embodiment Theory. Levy discussed how, when stereotypes are directed towards oneself, they become self-perceptions, and these stereotypes can have either positive or detrimental effects on physical and cognitive functioning (Levy, 2009). Additionally, she mentioned how stereotypes are internalized across the lifespan, and internalizing stereotypes begins in childhood and continues beyond that age, which can become harmful when individuals enter old age (Levy, 2009). Levy also noted how stereotypes are internalized through interactions with younger individuals, including experiencing patronizing speech and the use of pejoratives, but the internalization of stereotypes, although operating unconsciously, really comes to the surface when the stereotypes become self-relevant as individuals reach old age. Transitioning into old age brings with it an identity of being “old” and relating to other individuals who are also old (Levy, 2009).

Furthermore, Levy described how stereotype embodiment takes three paths - psychological, behavioral, and physiological. The psychological pathway was described in terms of expectations of outcomes – if an individual expected either a positive or

negative outcome based on stereotypes, he or she was more likely to perceive that outcome as being fulfilled (Levy, 2009). The behavioral pathway was explained in the sense that negative or positive perceptions and subliminal stereotypes also can have an impact on individual health behaviors (i.e. how an individual takes care of himself or herself). The physiological pathway was expressed to mean that age stereotypes can negatively or positively impact systems such as the autonomic nervous system and other systems that respond to environmental stress (Levy, 2009). The three pathways of stereotype embodiment suggest a need to encourage positive stereotypes across the lifespan, and to expose older adults to more positive age-related associations, even as these stereotypes start becoming relevant for older individuals.

Since Levy's past and continuing work, other researchers have begun examining self-perception in the context of mental health and aging. Wurm and Benyamini (2014) aimed to examine self-perceptions on aging in terms of health outcomes, and extrapolate previous research concerning physical health outcomes and apply these self-perceptions to mental health outcomes (Wurm & Benyamini, 2014). Wurm and Benyamini cited Levy's Stereotype Embodiment Theory (2009) and the impacts of stereotype internalization. The authors also noted a study by Keller, Leventhal, and Larson (1989), which demonstrated that older adults who felt that they were coping well with negative age-related changes were more likely to view their aging as, on the whole, a positive process (Keller, Leventhal, & Larson, 1989).

Keller and colleagues' research inspired Wurm and Benyamini to examine the role of optimism as a buffering effect for even negative related changes and the impact of stereotype internalization. While they examined the role of negative self-perceptions on

aging and found results consistent with previous research such as Levy's that supports negative perceptions affect physical and cognitive performance, they found an encouraging result regarding optimism (Wurm & Benyamini, 2014). The author's results suggested that optimism, as defined as future-oriented thinking, is a psychological resource that can help buffer the adverse effects that negative stereotypes and self-perceptions can have on an individual's functioning. Optimism encourages older adults to think positively about their future health and cognitive outcomes, instead of focusing on the negative changes they may be experiencing (Wurm & Benyamini, 2014).

Wurm and Benyamini's results have important implications in successful aging research. Recalling Jeste and Depp's (2010) and Lamond et al.'s (2008) resiliency research, the notion that optimism about life and high appraisals of self-rated health and cognitive functioning are indicative of important psychological resources that help older adults age more positively. Wurm and Benyamini are contributing to this research that encourages older adults to view their life and surroundings with positivity, a very important sense of control (Rowe & Kahn, 1987; Schultz & Heckhausen, 1996), and a sense of optimism in order to age more successfully. The notion of optimism and positivity will also relate to the importance of viewing the lifespan from a universal or multi-generational perspective, which the introduction of the concepts of generativity and gerotranscendence will further help to explain.

### **1.5 Generativity and Gerotranscendence**

For over half a century, psychology has been influenced by the psychosocial stages of development established by Erik Erikson in 1950 (Erikson, 1950), and Erikson and his colleagues in 1959 (Erikson, Paul, Heider, & Gardner, 1959). While the theory

depicts eight stages of development, each characterized by an ego conflict, the seventh and eighth stages become particularly important as individuals reach the late season of life. These final stages are characterized, like the other stages, by ego conflicts: generativity vs. stagnation, and ego integrity vs. despair (Erikson et al., 1959). In recent aging research, however, there has been an increased focus of the role of generativity as a component of successful aging and cognitive functioning.

For example, in 2012, Schoklitsch and Baumann cited Erikson's concept of generativity, the guidance of the next generation (Erikson, 1950), and suggested that generativity does not have to be limited to the penultimate stage of life, but could be applicable to the oldest end of life (Schoklitsch & Baumann, 2012), and that the presence of generativity can be a component of successful aging. The authors found after reviewing related research that generativity does not have to be limited to any one stage of life. Volunteer opportunities and social support in later life can encourage multigenerational, generative activities that encourage older adults to feel more socially connected with positive interactions. These findings are consistent with other research such as Lamond et al. (2008) in terms of suggesting that these feelings of connectedness and importance increase other resources such as resiliency and optimism, both contributors to successful aging.

Transitioning beyond generativity from the previous stages, a ninth developmental stage has been suggested by psychological research that goes beyond all the other developmental stages to a transcendent, spiritual stage, also known as *gerotranscendence* (Degges-White, 2005). Gerotranscendence is characterized by a shift away from a materialistic view of life and the world to a universal, spiritual view that is a

natural progression as individuals mature into the final stage of life (Degges-White, 2005). Gerotranscendence is also described as a stage where older individuals might redefine their lives and their perceptions of time; additionally, gerotranscendence encourages a deeper connection with other generations both in the communal and spiritual sense (Degges-White, 2005). Gerotranscendence is a time when older adults transition from knowledge or rational-based goals to emotion-based goals, which also leads to a greater focus on self-knowledge and self-awareness. In this ninth stage, life achieves a greater sense of “flow,” and the ideas of death and dying have different meanings (perhaps less negative or worrisome) (Degges-White, 2005).

Gerotranscendence is also an interesting concept in the sense that it is both internally focused and externally focused at the same time from what Degges-White has explained; this stage of life encourages a focus on oneself and an intrinsic connection with one’s identity, but it also encourages a connection to other generations and creates the sense that an individual is one with the greater universe. Viewing life in this transcendent way allows older adults to age more successfully by detaching themselves from the negative changes of aging and to a more meaningful, spiritual view of life. Gerotranscendence is also consistent with the notion of optimism that Wurm and Benyamini (2014) sought to describe as positive, future-oriented thinking. But, in this case, future-orientation lacks the components of time and space, and focuses on transcending the boundaries and limitations of social constructions instead.

Many of the aforementioned concepts are nebulous in the sense that there is no solid agreement on the meaning of the concepts. For example, Jeste (2005) notes a wide disagreement on the definition and criteria of successful aging. Additionally, self-

perception and self-reports have limitations in research resulting from potentially inaccurate reporting or bias. Nevertheless, these studies have shown that there is strong evidence for psychological reserves, from resiliency to optimism, that have an impact on how successfully individuals age and maintain high degrees of functioning. Extrapolating these ideas further to psychological research, as mentioned before, is increasingly important with the burgeoning population of older adults. Adapting mindfulness and transpersonal psychology to encourage successful aging incorporates these concepts as well. Psychosocial factors are crucial in maintaining the mental health of older adults, which will be further described with the introduction of mindfulness and transpersonal psychology. Mindfulness and transpersonal psychology will be described and defined in relation to the aforementioned successful aging criteria to provide evidence as to the directions research and application can take to utilize these interventions to optimize successful aging.

## Chapter 2: Mindfulness – Then and Now

Mindfulness has become an important player in psychology within recent years, which this chapter aims to demonstrate. For example, in 2005, there were just over one hundred papers on mindfulness in scientific and psychological literature, but by 2013, there were over 1,500 (Kabat-Zinn, 2013). What began as a Buddhist spiritual practice of contemplation and meditation has become a more systemized Western construct with a variety of applications. Providing an understanding of the meaning of mindfulness, the history behind the construct, and the place of mindfulness in psychology will help inform the discussion regarding the use of mindfulness techniques as a means of aging more successfully.

### 2.1 A Brief History of Mindfulness

Mindfulness began as a spiritual practice with an emphasis on meditation as a part of the eightfold path to enlightenment, or *nirvana* in traditional Buddhist practice (Hagen, 1999). The Buddha originally was not a holy man, but rather the son of a wealthy king who knew nothing about human suffering. Upon discovering the atrocities in life such as disease, old age, and death, he wandered for years on a quest for enlightenment – also known as an *awakening*. Upon becoming enlightened, the Buddha wandered once again, spreading his teachings and wisdom about nirvana. The ultimate idea behind mindfulness and Buddhism is that these beliefs and practices are a way of living, not a belief system. Buddhism and the Buddha dharma is about *seeing* and *knowing* through direct experience and awareness of the present moment. With the right kinds of intention and effort, as well as other components of the eightfold path such as right action and right speech, by

opening ourselves to seeing, any human being could become like the Buddha and be enlightened, or at the very least, *awake* (Hagen, 1999).

Using mindfulness in Buddhist psychology is the only way to create change in one's mental state as Hagen (1999) described. Mindfulness is used as a mechanism to decrease maladaptive thoughts, feelings, and behavior through nonjudgmental awareness (Rapgay & Bystrisky, 2009). Over time, mindfulness has been incorporated into Western schools of thought, eventually becoming an important psychological construct. In the late nineteenth century, T.W. Rhys Davids was one of the first to bring this idea to a Western mindset. Rhys Davids studied the Buddhist terms '*sati*' and '*smrti*', which were not directly translated, but he extrapolated the meaning of these terms into the English word of *mindfulness* in 1881 (Rhys, 1881). These terms were translated to be along the lines of "remembrance, memory, reminiscence, recollection, thinking of or upon, [or] calling to mind" that Monier Williams defined in 1872, as well as an "active state of mind, fixing the mind strongly upon any subject, attention, attentiveness, thought, reflection, [and] consciousness" from Childers definition in 1875 (Gethin, 2011, pg. 263). '*Sati*' was also defined more specifically as a "constituent of awakening... as the ascertainment of truth by mental application" via Spence Hardy in the 1850s (Gethin, 2011, pg. 264). From these early descriptions, mindfulness has evolved in a Western context to what is being examined today.

## **2.2 Mindfulness as a Construct**

Mindfulness is a construct that has been described and defined by a number of scholars in psychology and even religious disciplines in a variety of ways. In terms of a

historical versus modern perspective, Rapgay and Bystrinsky (2009) categorized mindfulness as either “classical” or “modern”. Classical mindfulness includes attention and introspective awareness, which has the components of attention and awareness training as well as an active awareness in which individuals learn to orient themselves within their own awareness. Classical mindfulness also describes enhancing goal orientation. Modern mindfulness has similar features, but focuses more on attention and acceptance rather than introspection, focusing on the present moment rather than on goal orientation, and non-reactive rather than active awareness (Rapgay & Bystrinsky, 2009). The modern interpretation of focusing on the present moment will be particularly important when discussing successful aging further on.

From the modern Buddhist perspective, Jack Kornfield, well known Buddhist psychologist, described mindfulness in terms of its components. Mindfulness is seen to be a form of attention that has elements of respect and a non-judging orientation, as well as receptivity and patience (Kornfield, 2008). Kornfield noted that practicing mindfulness can be very difficult in the sense that people constantly have to focus and return to the present moment when they feel like they are slipping away from clarity. When individuals achieve a mindful state, however, they feel liberated, because, according to Kornfield, mindfulness brings feelings of “perspective, balance, and freedom” (Kornfield, 2008, pg. 97). Perhaps a mindful state is liberating because, if individuals are not making judgments and are being respectful of all sides of a situation, they are less likely to react negatively or instantaneously to a situation. This non-reactivity and patience allows people to give further thought and consideration to moment-by-moment experiences.

Ruth Baer (2011) mentioned several other definitions proposed by researchers and authors. Baer cited Marlatt and Kristeller (1999), who defined mindfulness as "bringing one's complete attention to the present experiences on a moment-to-moment" (Marlatt & Kristeller, 1999; Baer, 2011, pg. 245), echoing Rapgay and Bystrisky's emphasis on the present moment in modern mindfulness. Baer also cited Segal, Williams, and Teasdale (2002), founders of Mindfulness-Based Cognitive Therapy which will be discussed further on, who proposed that while practicing mindfulness, the "focus of a person's attention is opened to admit whatever enters experience" and that a sense of "kindly curiosity allows the person to investigate whatever appears, without falling prey to automatic judgments or reactivity" (Baer, 2011, pg. 245). Automatic judgments and reactivity are important elements because making automatic judgments or being quick to react (or overreact) can lead to a heightened affective state, both positive and negative. Getting lost in emotions and judgments brings individuals out of the present moment and out of a state of mindfulness into a state of increased arousal and distress.

### **2.3 Defining Mindfulness in Psychology**

Jon Kabat-Zinn, Ph.D., perhaps the most prominent forerunner in the world of mindfulness in psychology and esteemed developer of Mindfulness-Based Stress Reduction (MBSR), defined mindfulness as "paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally" (Kabat-Zinn, 1994, pg. 4). For the sake of simplicity, and for the evidence of Kabat-Zinn's work being cited in several other works regarding mindfulness in psychology (Shapiro, Carlson, Astin, & Freedman, 2006; Baer, 2011; Childs, 2007), this will be the primary definition that will describe

mindfulness as referred to in this thesis. Nevertheless, other authors have used Kabat-Zinn's work in efforts to operationalize mindfulness, which will be discussed further on.

In addition to defining mindfulness, Jon Kabat-Zinn established seven "attitudinal foundations" that are the underpinning building-blocks for mindfulness practice. Kabat-Zinn established these foundations under the belief that the attitude by which an individual approaches mindfulness practice is crucial to allowing relaxation, increasing awareness, and being fully in the present moment (Kabat-Zinn, 2013). The attitudinal foundations Kabat-Zinn described are: non-judging, patience, beginner's mind, trust, non-striving, acceptance, and letting go.

Non-judging, while fairly self-evident, means to be able to pay attention to each moment of experience while still attempting to hold at bay any categorizations a person might wish to make, or any biases, opinions, judgments, and ideas. The goal is not to evaluate each experience in such a qualitative manner in the hopes that people will be able to see experiences more objectively, at face value. Non-judging actually increases awareness of common automatic judgments, and requires that individuals take a step back from the judgments and cease reacting before thinking through the situation (Kabat-Zinn, 2013). Similarly, patience is necessary to experience each moment thoroughly. Patience, according to Kabat-Zinn, is a type of wisdom, and he explains it in terms of a metaphor about a butterfly emerging from its chrysalis. A child wants to try to help the butterfly by breaking the chrysalis, but this "help" is actually harmful to the butterfly instead. The lesson with patience is letting experiences "unfold in their own time" (Kabat-Zinn, 2013, pg. 23). In order practice mindfulness, patience with the self is

necessary for each experience, and results cannot be rushed to suddenly feel “enlightened”.

Beginner’s mind, the third attitudinal foundation, teaches the lesson of having the attitude of novelty. Every experience or phenomena should be viewed as if it were the first time. Kabat-Zinn describes it as grasping the “extraordinariness of the ordinary” (Kabat-Zinn, 2013, pg. 24). Having an open and receptive mind to be able to experience new possibilities helps us avoid determining what we do and say by getting caught up in preconceived notions and expectations (Kabat-Zinn, 2013).

Trust, the fourth attitudinal foundation, is a basic trust in oneself, one’s feelings, and one’s intuition. Trust is about honoring one’s own feelings and judgments, even if those feelings differ from those of the authority figure or teacher. The goal is not to imitate someone else, but instead become more fully oneself (Kabat-Zinn, 2013). Just as people need patience and trust, they also must not strive to force any kind of outcome, which is the fifth attitudinal foundation, non-striving. Non-striving is particularly important when meditating or trying to achieve a mindful state. Individuals may not feel like they are achieving the results they hope to be expecting, but striving to change that and alter the natural progress is counter-intuitive to being mindful. Non-striving is an invitation and an openness to allow anything to happen (Kabat-Zinn, 2013).

Non-striving and the other foundations ultimately lead to the sixth and seventh attitudinal foundations, acceptance and letting go. Acceptance is seeing things how they are – no denying, or distorting, it is what it is. Coming to terms with experiences and the occurrences of life and accepting those experiences as they are is crucial to move past anything that might keep individuals trapped and unable to move on. A complete and

total acceptance then leads to letting go, which is a non-attachment to ideas or notions about how life or people or objects are supposed to be. (Kabat-Zinn, 2013). All of these attitudes are crucial to opening the mind and overall experience to a mindful, aware state. Nevertheless, what does mindfulness really mean in terms of a process, even with the establishment of all of these elements? Operationalization of mindfulness is one way to resolve ambiguities.

#### **2.4 Operational Definitions of Mindfulness**

As mentioned, a more recent trend in psychology has been an attempt to operationalize mindfulness as a process with consolidated components. Colleagues Bishop, Velting, Devins, Lau, Shapiro, Carlson, Anderson, Carmody, Segal, Abbey, and Speca (2004) cited the recent approach for using mindfulness or increased awareness as a way to tackle emotional distress and maladaptive behavior. The goal is to use mindfulness as a skill to change how individuals respond, especially when they are responding maladaptively (Bishop et al., 2004). The team described the recent conceptions of mindfulness in psychology as not a “mood management technique”, but instead a “form of mental training to reduce cognitive vulnerability to reactive modes of mind”, especially those that cause distress (Bishop et al., 2004, pg. 231). This idea of mental training has important implications for therapy as well as everyday applications of mindfulness when individuals begin to feel stressed or overwhelmed.

The team discussed, however, that the concept of mindfulness still lacks a clear operational definition, and Bishop and colleagues thus proposed a two-component model, coupling the notions of “self-regulation of attention” and “orientation to experience”

(Bishop et al., 2004, pg. 232-3). The first component, self-regulation of attention, includes particularly the skill of sustained attention, and switching between thoughts, feelings, and attention (Bishop et al., 2004). Switching and self-regulating attention ultimately incorporates multiple levels of awareness, allowing individuals to pay attention to thoughts, feelings, or sensations when they arise, but encouraging the idea of moving on after attending to each experience. Sustained attention also creates a "non-elaborative awareness" of these experiences (Bishop et al., 2004, pg. 232). Non-elaborative awareness, by what the authors described, is the process by which individuals are noting the presence of various levels of awareness without feeling the need to describe or judge them with qualitative assessment. Qualitative assessment and evaluative descriptions, including positive judgments but especially negative judgments, are naturally more likely to cause emotional distress because they cause reactivity.

The second component, orientation to experience, is maintaining a curiosity about mind wandering and the objects in the environment (Bishop et al., 2004). When individuals do get figuratively lost, or when the mind is wandering, it is healthy for these individuals to assess (non-judgmentally) what they are thinking about, and why they might be wandering to certain thoughts or feelings. Additionally, adaptive behavior includes being aware of the objects within everyday experience and how people interact with these objects in the environment, including whether or not they cause judgments, assessments, or evaluations. Being curious is important to the process of understanding mindfulness because of the added element of awareness.

Shapiro and Carlson (also contributors to the Bishop et al. study), along with Astin, and Freedman (2006) also attempted to construct another operational definition of

mindfulness in the effort to aid the measurement of the mechanisms of change. The authors hoped to answer questions such as: How does mindfulness actually work? What does it look like? Can it be observed? Shapiro and colleagues proposed three constituents of mindfulness - intention, attention, and attitude - to break down mindfulness into something simple and understandable (Shapiro et al., 2006). Based on Kabat-Zinn's "paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally" (Kabat-Zinn, 1994, pg. 4), the team developed these elements. The "on purpose" component became "intention", "paying attention" was simplified to "attention", and "in a particular way" was translated to "attitude" (Shapiro et al., 2006, pg. 375).

The authors argue that *intention* is the axiom that leads to self-regulation, self-exploration, and self-liberation, which helps with stress-management and increases awareness and insight (Shapiro et al., 2006, pg. 375-6). *Attention* becomes the observation of one's moment-by-moment experience, including internal thoughts, feelings, and behaviors, as well as the environment (Shapiro et al., 2006), which in a lot of ways describes awareness. *Attitude* is then *how* to attend to objects and other beings in the environment. Is the environment being evaluated? Is the evaluation qualitative? Is the evaluation assessing good or bad? Is this evaluation creating automatic judgments? The authors cite that the *qualities* that people bring to their attention are the aforementioned "attitudinal foundations" established by Kabat-Zinn (Kabat-Zinn, 2013). Paying attention should also have the elements of "an affectionate, compassionate quality", and "a sense of openhearted, friendly presence and interest" (Baer, 2011, pg. 245; Shapiro et al., 2006). Shapiro and colleagues posited that through the way individuals approach their

environment and their internal states, they can stand back in stressful times to witness their emotional states with a sense of freedom and liberation. This also allows people to respond with less reactivity, more flexibility and clarity, and increased awareness and exposure through self-regulating effects. (Shapiro et. al., 2006).

David Childs believed that the ultimate reality of mindfulness is to emphasize *presence* through using mindfulness as a non-judging awareness of the present moment (Childs, 2007), once again echoing Jon Kabat-Zinn's definition (1994). Childs believed, as research by Segal, Williams, and Teasdale (2002) suggested, that mindfulness allows people to shift from doing to being - basically, from being in an active state of mind that limits awareness of everything in the environment to a state of simple existence, or being, that allows people to experience the present moment more fully. If individuals are not focusing on goals and the future, this ultimately broadens awareness and attention in turn, making the active force the focus on the present, or the person's own *presence* (Childs, 2007).

Similarly, expanding on the important notion of the present moment in mindfulness, Anthony Hodgson suggested that, instead of focusing on the goal-oriented future or the memory-laden past, people should focus on what he calls an "ontology of the present moment". He argued that the present moment is the most fundamental conception of time because, in essence, it is less abstract (Hodgson, 2013, pg. 24). Hodgson noted that people tend to think that they can *know* certain things about the future, and human language is very future-oriented, but the future has no data from which anyone can measure anything because it has yet to happen (Hodgson, 2013), which ultimately restricts human decision making.

Hodgson also suggested that people extrapolate from the past to make judgments and assumptions about the future. While using this information to predict courses of action for the future can be useful, it also can restrict views of the present and result in people believing in a causal relationships that may not actually exist (Hodgson, 2013). Hodgson essentially stated that ultimately, human experience as a whole is "tense-less" (Hodgson, 2013, pg. 27). An ontology of the present moment could allow people to interpret their lives much differently and help them step back and look at situations with a subjective objectivity. While every experience is subject to individual experience and interpretation and is hence subjective, individuals can nevertheless remove restrictions that they may have had in their experience that ultimately allow them to act more mindfully. Expanding Hodgson's perspective would help increase the utility of mindfulness as a construct for future research by explaining what the present moment really means.

Also, a focus on personal knowledge and personal experience in the here-and-now will ultimately be the objective process that allows individuals to, in turn, be more aware, more attentive, and have greater acceptance for any stress, anxiety, or negative affect they may be experiencing. By far, this focus would have greater utility because it is more easily understood and literally is defined by the present moment, which does not confound mindfulness with more elaborate constructs.

## **2.5 Measuring Mindfulness**

As has been discussed, mindfulness, being a construct that has a variety of definitions, is difficult to measure or quantify. Several researchers and psychologists

have sought to create mindfulness inventories or scales in an attempt to assess the construct. Some forms of assessment that have been used but are typically less successful include scanning technologies, computer based tests, and other cognitive tests. Scanning technologies have revealed some interesting information about the long-term practice of mindfulness meditation and related brain changes, but it remains to be seen whether or not brain scans can identify any change in normal, daily brain functioning that indicates the process of being mindful (Baer, 2011), which is the ultimate goal of mindfulness practice. Some of the computer-based or alternative cognitive tests have provided "mixed results", and do not suggest that mindfulness has the elements of "sustained attention, working memory, or other previously recognized cognitive capacities" (Baer, 2011, pg. 243). These assessments also have issues with construct validity as the way the researchers are going about measuring mindfulness (i.e. brain scans) cannot be mapped on to the way they define the construct, which is inherently not readily observable to others as mindfulness is an individual state.

By far the most common methods of attempting to assess mindfulness and mindfulness-based practices are through self-report techniques. One way to go about doing self-report assessments is through open-ended questions asking participants to describe their thoughts, feelings, emotions, or behaviors. An example cited by Baer is The Measure of Awareness and Coping in Autobiographical Memory, which assesses "decentring", which is an idea very closely related to mindfulness. Participants are asked to describe themselves in somewhat distressing or stressful situations, and how they would respond in these experiences. Then, "coders" rate responses to assess whether or not the participant was demonstrating a "decentred stance" which is defined as an

“awareness of thoughts and feelings as separate from the self” (Baer, 2011, pg. 244).

According to Baer, the research has shown this test to be reliable and results can be applied to processes such as recovering from depression, but the assessment is difficult, time consuming, and requires trained interviewers and coders (Baer, 2011).

Self-report questionnaires, however, are by far the most popular, particularly due to their convenience and efficiency, and they usually provide reliable information. Of course, the questionnaires must be created in such a way as to maintain construct validity for what they are actually attempting to assess. These questionnaires attempt to illuminate to the kinds of feelings, thoughts, and emotions that are only observable to the individual that is actually experiencing them. The results from the questionnaires are particularly useful for outcome studies and long-term results (i.e. reduction of stress, anxiety, depression), especially concerning the factors that represent mindfulness as a process (Baer, 2011). Nevertheless, self-rated mental health is subject to misinterpretation, obfuscation, or bias, and the individual answering the questionnaires must have a reasonable understanding of the definition and components of mindfulness that are being used in the assessment.

There are several different scales that have emerged in an attempt to quantify mindfulness. Some of the scales that have been developed and used to inventory mindfulness include the Mindfulness and Attention Awareness Scale, which has been reliable but puts too much of a focus on factors such as awareness and attention, while leaving out factors such as having a “non-judgmental, accepting attitude” and an “insightful understanding” (Walach Buchheld, Buttenmüller, Kleinknecht, & Schmidt, 2006, pg. 1545). Other cited examples include the Toronto Mindfulness Scale, which

measures mindfulness after meditation, and the Kentucky Inventory of Mindfulness Scale, which is based on mindfulness as applied to Dialectical Behavioral Therapy (Walach et al., 2006).

One of the more prominent instruments in measuring mindfulness is the Freiburg Mindfulness Inventory (FMI). The FMI is a thirty-item inventory in questionnaire form that attempts to capture several aspects of mindfulness. The development of the instrument was careful and concise, having been psychometrically analyzed and deemed to have high internal consistency, validity, and reliability (Walach et al., 2006). To increase validity and reliability, the results of the initial construction of the inventory were replicated with different mediators, and with the hopes of finding a significant relationship between mindfulness and self-awareness, amongst other factors. Another goal was to create shorter form of the FMI that makes the inventory more approachable, particularly to individuals not necessarily familiar with the concept of mindfulness, which was how the original inventory was constructed (Walach et al., 2006).

A more recent scale for measuring mindfulness, the Philadelphia Mindfulness Scale (PHLMS), puts focus on present-moment awareness and acceptance in measuring mindfulness (Cardaciotto, Herbert, Forman, Moitra, & Farrow, 2008). The authors based the construct validity on the aforementioned definitions elaborated by Jon Kabat-Zinn (1994; 2013), and Bishop, et al. (2004). The base of this scale was made in an effort to create a two-dimensional measure of mindfulness based on the components of present-moment awareness and acceptance (Cardaciotto et al., 2008).

The PHLMS was constructed in six stages. First, one-hundred and five items were generated as pertaining to the construct of mindfulness, focusing on the elements of

present-moment awareness and acceptance. Then, the items were tested on participants for factor structure and internal consistency. Finally, four validation analyses were performed with four groups: a normative student sample, a general psychiatric clinical sample, an eating disorders sample, and a student counseling center sample (Cardaciotto et al., 2008). Ultimately, some important information found was that a two-factor assessment of mindfulness is, in fact, useful. The authors also found that awareness and acceptance are not correlated, so they can be studied independently of each other (Cardaciotto et al., 2008). One interesting result the authors found was that there were large differences between nonclinical and clinical participants, which suggests that the groups have different levels of awareness and acceptance (Cardaciotto et al., 2008), which could have important implications for clinical treatment and the use of mindfulness as a mechanism of change in therapy.

These scales provide a baseline of how to measure such a broad construct. Nevertheless, the creation of these questionnaires and the language that is used to construct the questions largely depends on the definitions and components of mindfulness that are being used, which is why each scale and form of measurement is developed in different ways and tested on different populations. These scales also depend on the individuals being tested having at least a limited understanding of mindfulness and its components. Moving beyond measurement, this chapter will continue on to discuss mindfulness and its applications.

## **2.6 Mindfulness-Based Stress Reduction**

In 1979, John Kabat-Zinn established Mindfulness-Based Stress Reduction (MBSR) as a part of the Stress Reduction Clinic at the University of Massachusetts

medical center. MBSR emerged as a part of a new branch of medicine called mind-body and integrative medicine, which posits that a person's mental and emotional states can influence their physical health (Kabat-Zinn, 2013). The individuals who begin this kind of therapy are either self-referred or referred by doctors for a variety of psychological and medical problems, from chronic pain to stress, both young and old, and everything in between. Each person also has a unique combination of experiences, relationships, pasts, sufferings, frustrations, abuses, and so on. These patients enter Mindfulness-Based Stress Reduction programs in an attempt to regain control over their problems, including their health. MBSR is based on training in Buddhist mindfulness. MBSR makes no attempt to cure the patients of what ails them, but rather give them a means of learning and expanding their strengths and inner resources to improve their own health and well-being through mindfulness and awareness practice and exercise (Kabat-Zinn, 2013).

Mindfulness allows individuals in MBSR treatment to learn the adaptive skills and tools to work with the everyday stress and pain. Dealing with stress is particularly important because so many individuals have such great stress that learning the tools to deal adaptively with stress and understand it helps change the relationship they have with their stress (Kabat-Zinn, 2013). Even though stress and pain is natural, trying to escape or avoid problems only exacerbates those problems, and people lose control over themselves. Cultivating mindfulness can transform individuals and allow them to let go and accept these problems, if they use the attitudinal foundations Kabat-Zinn described, especially acceptance and letting go.

MBSR uses a variety of mindfulness techniques to encourage patience, and learning to live in the present moment. Kabat-Zinn (2013) frequently starts the endeavor

with an eating exercise that emphasizes the notion of beginner's mind, which brings a new-found satisfaction to a task as simple as eating. Other techniques include sitting quietly or lying down for long periods of time, simply practicing what Kabat-Zinn calls "non-doing" (Kabat-Zinn, 2013, pg. 6). The body and mind must rest in the present moment regardless of pain, stress, or any other emotions, and being in the present moment requires slowing down and simply existing; when individuals feel the mind wandering, they have to bring themselves back to the present moment. The idea of getting lost and then returning by mindfulness practice is the basic idea, but practicing mindfulness is more difficult than the process appears to be on the surface. Returning to the present moment and maintaining the attitudinal foundations requires individuals to deal with a great amount of physical, mental, and emotional turmoil that comes to the forefront during these times of silence and non-doing, and this process requires commitment and motivation as well (Kabat-Zinn, 2013).

Even though the process of mindfulness and MBSR seems as if it is rather ambiguous and unlikely to be successful to an individual who is unfamiliar with MBSR, mindfulness practice and MBSR (and the related Mindfulness-Based Cognitive Therapy) have produced "clinically significant improvements for people suffering from many important problems, including depression, anxiety, pain, and stress" (Baer, 2011, pg. 242). Studies have ranged from examining brain functioning to treatments on cancer survivors and even impacts on hot flashes.

In 2003, Davidson, Kabat-Zinn, Schumacher, Rosenkranz, Muller, Santorelli, Urbanowski, Harrington, Bonus, and Sheridan examined the outcomes of mindfulness practice on brain and autoimmune function. The authors found that even short-term

mindfulness practice is associated with increased brain activation in some areas of the brain that are associated with positive affect. Additionally, the researchers found an increase in antibody titers in response to influenza vaccines; the magnitude of antibody titers also correlated with the left-side brain activation (Davidson et al., 2003).

In another study, Hölzel, Carmody, Vangel, Congleton, Yerramsetti, Gard, and Lazar (2011) found using fMRI that as little as eight weeks of mindfulness practice through MBSR increased grey matter density in brain regions. Some of these brain regions included the hippocampus and related areas that contribute to memory, learning, emotion regulation, perspective taking, and self-referencing. Additionally, the amygdala showed less evidence of stress, both results suggesting that mindfulness practice contributes to increased neuroplasticity, which basically describes brain adaptation and neuronal growth (Hölzel et al., 2011).

Mindfulness practice and MBSR has even been examined in terms of cancer outcomes. A study by Carlson, Speca, Faris, and Patel showed that, after six and twelve-month follow ups with breast and prostate cancer outpatients who completed an eight-week MBSR program, these individuals experienced statistically significant improvements in overall stress levels over a year. The study also demonstrated significant improvements in blood pressure, a reduction in heart rate correlated with the self-reported reduction in stress, and improvements in immune cell counts (Carlson, Speca, Faris, & Patel, 2007). MBSR has also been examined in terms of other conditions and health problems, including hot flashes, and results seem to be promising (Carmody, Crawford, & Churchill, 2006), but further research in these other applications is still warranted.

## **2.7 Mindfulness-Based Cognitive Therapy**

While Mindfulness-Based Cognitive Therapy (MBCT) is another important treatment that impacts depression, it will only briefly be mentioned here due to minimal research and studies. MBCT was developed as a treatment primarily used for depression relapse and recurrence prevention, and was developed by Segal, Williams, and Teasdale (2002). Because MBCT is relatively new, randomized-controlled trials are still being conducted to determine its efficacy. MBCT is an eight-week program that incorporates Kabat-Zinn's mindfulness practices from MBSR with elements of traditional cognitive-behavioral therapy used for depression (Coelho, Canter, & Ernst, 2013).

Coelho, Canter, and Ernst explained that drawing conclusions about the efficacy of MBCT would be premature because there has been too few trials and outcome studies to definitively determine what kinds of effects MBCT has on recovery from major depression. Nevertheless, the authors noted that for individuals who have had three or more major depressive episodes, MBCT along with traditional cognitive behavioral therapy for depression has an added benefit to usual care (Coelho, Canter, & Ernst, 2013). After having discussed these treatments, the rest of this chapter will be devoted to discussing mindfulness and its applications towards aging and potential successful aging techniques.

## **2.8 Mindfulness and Aging Research**

As the search results from conducting research for this thesis illuminated, mindfulness and aging literature is relatively limited and in its infancy. Nevertheless, two very recent studies make a brief mention of mindfulness as an important factor in aging.

Van Boxtel and Speckens (2014) discussed how recent research is demonstrating the use of mindfulness on target populations as a means of eliciting positive health benefits. The authors noted the emergence of mindfulness-based interventions (MBI) as a new way of using mindfulness to target certain vulnerable groups, such as older adults. Van Boxtel and Speckens admit, however, that mindfulness and aging research is in its infancy, despite promising results that suggest possible long-term cognitive benefits.

Additionally, a study by Prakash, De Leon, Patterson, Schirda, and Janssen (2014) suggested that emerging cognitive training studies show promising indicators of improving control over cognitive functioning in older adults. The authors mentioned, however, it is difficult to dissociate what mechanisms are actually contributing to enhanced cognitive functioning in many of the early studies. Because of these challenges with previous research, the authors proposed mindfulness as a viable element for these cognitive training programs because of its potential for engendering higher socioemotional goals. Mindfulness creates present moment awareness which the authors explained could be an important means of increasing receptiveness and impact of cognitive training programs (Prakash, De Leon, Patterson, Schirda, & Janssen, 2014). Nevertheless, as mentioned before, these studies are in their infancy, so there were no long-term outcomes or clinical trials to report.

While neither of these studies discusses or emphasizes successful aging, positive health benefits and improving cognitive functioning are important indicators for successful aging. These authors also demonstrated that there is a small indication of an emerging discussion of aging in this subfield of psychological literature. There is still an under-mention of aging in these discussions, however. To further encourage this

discussion, the final section of the chapter will provide an overall discussion of what kinds of mindfulness techniques can be used to contribute to successful aging.

## **2.9 Everyday Mindfulness Techniques**

In terms of the application of mindfulness to successful aging, it is important to understand what kind of mindfulness techniques can be used to practice the process on a daily basis. Mindfulness can be practiced in any activity or any context because, harkening back to the definition of mindfulness, “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally” (Kabat-Zinn, 1994, pg. 4), individuals can pay attention purposefully at any time. Eating meditation is one example of a technique that can be done every day. Kabat-Zinn uses eating meditation in MBSR to have his patients slow down, notice textures, colors, smells, and taste, and really *discover* food, which increases the satisfaction of the experience, as well as overall awareness (Kabat-Zinn, 2013).

Breathing meditation is another technique that encourages the examination of the feeling of breath within the chest, nose, and throat, as well as the movement of the chest and abdomen with each breath. Breathing meditation also entails practicing deep breaths through diaphragmatic breathing. While experiencing these sensations, it is important to maintain the focus on the breathing, and return to the present moment when the mind begins to wander away from the experience and sensations (Kabat-Zinn, 2013). Furthermore, a similar process is done with sitting meditation which requires, once again, an observation of the breath and breathing sensations, as well as noticing but not addressing body discomforts as they arise. During sitting meditation, it is crucial to deal

with thoughts as they come about, as well as notice without addressing sounds and noises in the environment. After performing these steps, it is essential to move on and return to a state of non-doing in the present moment (Kabat-Zinn, 2013).

More physically intensive techniques include the body-scan meditation and yoga. The body-scan meditation is a thorough examination of extremely minute details of the body, from head to toe. The body-scan is more time intensive, but it brings the individual back in contact with the body as it feels in the present moment. For the body-scan, it is important to remember the attitudinal foundations, particularly non-judging, non-striving, and acceptance as discomfort arises. Discomfort is natural, particularly with individuals dealing with chronic pain and stress, but being able to accept the distress and let go is the cornerstone of mindfulness practice (Kabat-Zinn, 2013). Similar to the body-scan, yoga is meditation in the sense that it is an intense and intimate sense of being within the body. Not only does it bring individuals back to the present moment of experience with differences in sensation through a variety of positions (even laying down, in bed, or in a wheelchair), it also has the added benefit of physical activity, regardless of functional status (Kabat-Zinn, 2013), which is especially important for maintaining physical functioning in older adults.

With the further understanding of mindfulness as a construct and as a therapeutic technique, as well as its utility as a tool for dealing with stress, pain, and other challenges, further research and application of the construct could have interesting implications in terms of successful aging. The discussion of the application of mindfulness with older adults as a successful aging technique will follow a description and explanation of

transpersonal psychology. The two psychological constructs will then be explained in the context of aging to suggest potential uses and future directions for research.

### **Chapter 3: Making a Place for Transpersonal Psychology**

A perusal of psychological literature leaves transpersonal psychology under-mentioned and under-discussed. Nevertheless, this chapter will be devoted to a discussion of the origins and components behind transpersonal psychology and its evolution, as well as a discussion of the concepts and schools of thought that make transpersonal psychology a unique subfield in psychology. Understanding the principles of transpersonal psychology and its spiritual underpinnings will be crucial to the elaboration of its principles in the application of transpersonal psychology and mindfulness as potential tools for successful aging.

#### **3.1 Origins of Transpersonal Psychology**

In the late 1960s, Abraham Maslow, a humanist, and other prominent psychologists found that there was little discussion in the literature about inner awareness and spiritual or mystical experiences that many individuals claim to have. In 1971, he made an appeal to address the need for an approach that identifies human nature beyond the current understanding while incorporating but moving beyond the realms of humanistic psychology. Maslow discussed this need in his book *The Farther Reaches of Human Nature* (Maslow, 1971).

Ultimately, however, Maslow was looking to broaden the context of psychology away from reductionism, and increase the emphasis on the importance of psychological well-being, as opposed to pathology, which dominated traditional psychological research (Walsh, 1992). Maslow and the founders of transpersonal psychology described traditional psychology as “means-oriented” rather than “problem-oriented”, which Walsh

explained, means that instead of developing programs based on important problems or questions to be addressed, researchers developed programs based on what “means” as in techniques or tools are available (Walsh, 1992, pg. 21). Changing the emphasis on research programs lead transpersonal psychology to stray away from traditional research tools and techniques.

An important pioneering effort, however, began in 1969 when Abraham Maslow and Anthony Sutich, as well as others in their group, created the *Journal of Transpersonal Psychology* (less than a decade after the *Journal of Humanistic Psychology* was created by many of the same individuals) to discuss literature in this new area (Vich, 1990). The growth of transpersonal psychology and this new journal was burgeoning quickly, and began to have an appeal to many professionals and scholars outside of the humanistic subfield of psychology. This new subfield started attracting individuals with backgrounds in the contemplative studies, including those with knowledge in meditative and yogic practice, and therapists who felt that the importance of spirituality was under-recognized in the field (Vich, 1990). The development of transpersonal psychology connected the ancient Eastern practices in mindfulness, meditation, and consciousness with the newer, more Western awareness techniques and research in areas such as mindfulness psychology (Vich, 1990), which enlightens the discussion in this thesis as mindfulness and transpersonal psychology have such similar and intrinsically connected roots.

Further explaining the fruition of the field, transpersonal psychology evolved from a desire to examine the psycho-spiritual self and observe the many layers of consciousness in the human psyche (Judy, 2011). To achieve this goal, transpersonal

psychology grew from several schools of thought which have coalesced to emphasize basic elements of human spirituality, ego development, and consciousness. Elements of transpersonal psychology have many commonalities with Jungian psychological concepts such as the notion of enhanced states of being and even elements of the paranormal (Levy, 1983). Additionally, Jung believed that individuals could attain states of consciousness higher than normal ego maturation, and that transcendence is always accessible and can continue throughout life (Kaspro & Scotton, 1999). Most importantly, however, are the similarities and connections with humanistic psychology, which can be very difficult to tease apart.

### **3.2 Transpersonal versus Humanistic Psychology**

In transpersonal and psychological literature, there has been debate regarding the difference between humanism and transpersonalism. Humanistic psychology is primarily concerned with having a healthy human personality and an emphasis of the self, including the development of the ego as a component of the self, as well as a focus on self-actualization (Vich, 1990). Many humanistic psychologists, such as Abraham Maslow and Anthony Sutich began to question whether or not humanism was able to successfully address the larger context of the human experience, particularly regarding spirituality, the psycho-spiritual self, mystical experiences, and self-enlightenment (Maslow, 1971; Vich, 1990).

Most authors and researchers tend to agree that transpersonalism goes beyond humanism's emphasis on self-actualization to a higher dimension of personal experience – or rather, a more-than-personal experience (Sutich, 1968; Chaudhuri, 1975; Vich, 1990),

and that self-actualizing needs are not enough to explain the fullness of human nature. Some authors, however, still find it hard to tease apart the differences between humanistic psychology and transpersonal psychology (Chaudhuri, 1975). Chaudhuri, for example, who was a professor of integral philosophy and psychology, felt that both humanistic psychology and transpersonal psychology both emphasized the human experience, and questioned what made the two subfields qualitatively different (Chaudhuri, 1975).

Transpersonal psychology emphasizes a *transhuman* or truly *transpersonal* experience, and this experience is a closer connection with pure consciousness as a reality-transcendent state. But, because consciousness does not exist within a literally distinct transpersonal entity, as in a state of being outside of the human experience, the principles of human experience in both humanism and transpersonalism are nearly impossible to distinguish, and have been unsuccessfully differentiated (Chaudhuri, 1975). The only clarification, Chaudhuri argued, is that transpersonalism emphasizes an “ultimate state”, which is a transcendent state that brings an individual to a mystical level, a feeling of “cosmic unity”, or a state of illumination (Chaudhuri, 1975, pg. 9), or enlightenment similar to the concept of nirvana mentioned in chapter two (Hagen, 1999). This confusion, however, could potentially undermine the utility of transpersonal psychology and make a deeper understanding of the construct and its implications more difficult.

Nevertheless, Sutich, Maslow’s colleague, argued that humanism and transpersonalism overlap, but do not necessarily have to conflict with each other, and each can, in fact, clarify different components of the other (Sutich, 1968). Additionally,

Sutich described these subfields as “forces” of psychological inquiry throughout the field’s history. The first force was positivistic and behavioristic theory, the second force was classical psychoanalytic theory, and the third and fourth forces were humanistic and transpersonal psychology, respectively. The fourth force, transpersonal psychology, he argued, would become increasingly important as it grew to emphasize “meta-needs”, “ultimate values”, “unitive consciousness”, “peak experiences”, “cosmic awareness” and so on (Sutich, 1968, pg.78) as elements of transcendental phenomenon. These elements would also be used to maximize sensory experience. These ambiguous elements and vague differences can be better comprehended with an understanding of the definitions and descriptions of the varying features of transpersonal psychology.

### **3.3 Defining Transpersonalism**

The actual meaning of the transpersonal in transpersonal psychology from a literal translation is *trans* as beyond the personal, the *personal* being the ego or self – beyond the ego or self. The notion of the transpersonal also emerged from the Jungian *transpersonal unconsciousness* which also characterized the collective unconsciousness that subconsciously connects generations and ancestors (Strohl, 1998). Strohl (1998) mentioned, however, that transpersonal psychology as a construct and a subfield is defined in a variety of ways and with little agreement due to the vagueness and abstract nature of the construct, as well as the various complexities in the features, subtleties in the concepts, and the ambiguities of individual transpersonal experiences (Strohl, 1998).

Just to demonstrate the variety of definitions, for example, one definition of transpersonal psychology is the “scientific study of behavioral phenomena commonly

thought to possess the qualities of “awe,” the “spiritual” or the “mystical,” and of the belief systems and physiological states underlying such behavior” (Hartelius, Caplan, & Rardin, 2007). Another cited definition by Walsh and Vaughn (1980) is that “transpersonal psychology is concerned with expanding the field of psychological inquiry to include the study of optimal psychological health and well-being. It recognizes the potential for experiencing a broad range of states of consciousness, in some of which identity may extend beyond the usual limits of the ego and personality” (Walsh & Vaughn, 1980, pg. 16). Additionally, transpersonal experiences are “those involving an expansion of consciousness beyond customary ego boundaries and beyond the ordinary limitations of time and space” (Walsh & Vaughn, 1980, pg. 16).

Transpersonal psychology, however, is not a religious belief set but rather a secular field of inquiry that is focused on empirical evidence and techniques whenever possible (Levy, 1983; Vich, 1990). Nevertheless, transpersonal psychology was inspired by the same subtle and mystical experiences that also inspired many Eastern philosophies and religions. Consciousness in transpersonal psychology is also likened to the “Buddha Consciousness” from Eastern contemplative studies and mindfulness practice which leads to transcendence (Levy, 1983; Hagen, 1999). Consciousness in Western terms was defined by famous philosopher Jean-Paul Sarte as essential to human reality. Consciousness creates transcendence within individuals because consciousness itself can transcend not only society and the environment, but also the ego, the self, and normal mental processing (Sarte, 1956) which encourages that sense of “cosmic awareness” (Sutich, 1968).

While transpersonal psychology itself is not inherently religious, part of this subfield is concerned with examining the role of religion and mysticism as important parts of the human experience, and how the role of spirituality affects day-to-day living (Judy, 2011). Transpersonal psychology also brings with it a reemergence of the early, more Freudian psychological constructs of consciousness, including the subconscious and the flow of information between levels of consciousness (Judy, 2011). Other parts of transpersonal psychology emphasize the idea that the “self”, or the psyche, desires health, meaning, and wholeness, and these needs are recognized on different levels of consciousness (Judy, 2011). Ultimately, these ideas suggest that if individuals do not strive for meaning or wholeness in life, whether actively or inactively, they may be inadvertently causing psychological distress because subconsciously these desires shape how people choose to live and act. Living for meaningful things could bring meaning to life in turn.

### **3.4 Features of Transpersonal Psychology**

The descriptions and definitions of transpersonal psychology are important for understanding the subfield, but nevertheless, these definitions remain complex, abstract, and difficult to understand without deeper analysis. Because of this issue, many authors have attempted to consolidate transpersonal psychology into simpler definitions that combine the common features present in most other definitions. In addition to this consolidation, some authors have attempted to operationalize transpersonal psychology and describe key features and experiences that can be said to be characteristic of transpersonal psychology and transpersonal experiences.

In 1992, Lajoie and Shapiro attempted to identify themes among the definitions of transpersonal psychology that had emerged since its birth. Five of the most prevalent themes identified throughout the definitions were *states of consciousness, highest or ultimate potential, beyond ego or personal self, transcendence, and spiritual* (Lajoie & Shapiro, 1992). Their studies allowed them to come up with the synthesized definition of transpersonal psychology as “concerned with the study of humanity’s highest potential, and with the recognition, understanding, and realization of unitive, spiritual, and transcendent states of consciousness” (Lajoie & Shapiro, 1992, pg. 91). According to Strohl, Lajoie and Shapiro’s definition is one of the most important ones developed for transpersonal psychology (Strohl, 1998).

Hartelius, Caplan, and Rardin (2007), a team of integral psychologists, expanded upon the Lajoie and Shapiro studies and made an attempt to clarify some of the ambiguities of transpersonal psychology using a retrospective analysis of definitions published over almost four decades since the conception of transpersonal psychology in the late 1960s. A thematic analysis of one-hundred and sixty definitions dating from 1968-2002 revealed three themes or broad characteristics of transpersonal psychology: beyond-ego psychology, integrative/holistic psychology, and psychology of transformation (Hartelius, Caplan, & Rardin, 2007).

Beyond-ego psychology addresses what traditional psychology does not. As mentioned before by Walsh (1992), traditional psychology tends to focus on pathologies, but beyond-ego psychology addresses what lies beyond the ego pathologies. Integrating the two of these psychological concepts for a better understanding of human development is the job of integrative/holistic psychology. Beyond that integration is the job of

transformative psychology – the means by which individuals move beyond the boundaries of the ego and connect on a deeper, more meaningful level with the universe (Hartelius et al., 2007). These three themes aim to integrate all the complex components of transpersonal psychology as it has evolved, and the themes also help to clarify the goals of transpersonal psychology in terms of understanding what it means to go beyond the limits of the ego.

Hartelius, Caplan, and Rardin also explain that transpersonal psychology defines the human experience in the present moment – transcending beyond the ego can happen any time, and people can always access their deeper self which is always present, even if they do not notice this side of the self being present. This self is more intimate with the world and brings meaning to the human experience – transpersonal psychology suggests that it is crucial to know oneself and the unique place in the world and the universe that human beings have as an active participant (Hartelius et al., 2007).

Roger Walsh explains that there are many elements and topics that transpersonal psychology addresses. Some of those elements include meditation and yoga such as the techniques Jon Kabat-Zinn (2013) described as mentioned in the previous chapter. Other elements include the more mystical ideas of peak experiences, near-death experiences, and the phenomena of lucid dreaming (Walsh, 1992). As emphasized in particular, peak experiences, which Walsh described as a phenomena first identified by Maslow but have been mentioned in other cultures, are considered to be experiences that are profound, transcendent, and extremely influential for the life path of the affected individual (Walsh, 1992).

An important aspect of understanding transpersonal psychology, as has been discussed before, is the role of religion, and more generally spirituality, in psychology. Walsh cites Wilber, Engler, and Brown's (1986) theory of spiritual development that breaks the experience of spirituality down into three stages: subtle, causal, and absolute. Wilber, Engler, and Brown explained that the subtle stage, naturally, describes spiritual experiences that are consistent with the namesake: subtle. In the causal stage, objects of experience disappear and we are left with pure consciousness – in Buddhism, this would be the nirvana. Finally, in the absolute stage, which is not always required, objects from our experience might reemerge but are simply modifications of our consciousness (Wilber, Engler, & Brown, 1986). These stages give light to the role of spirituality in a psychological context, particularly when considering the important influence of consciousness in transpersonal psychology.

Elkins, Hedstrom, Hughes, Leaf, and Saunders (1988) attempted to define what spirituality actually means in the transpersonal context. First and foremost, the authors expressed that one of the main premises of their work was that spirituality did not equate to religiosity, although they are not mutually exclusive (Elkins, Hedstrom, Hughes, Leaf, & Saunders, 1988). To further clarify spirituality - which is useful to understanding the construct in terms of transpersonal psychology – the team developed nine dimensions or components of spirituality. Those components are: transcendent dimension, meaning and purpose in life, mission in life, sacredness of life, material values, altruism, idealism, awareness of the tragic, and fruits of spirituality (Elkins et al., 1988). Interestingly, the transcendent dimension can be God or another deity, or just an extension of the ego or self, which is one of the foundations of transpersonal psychology. Other components such

as mission in life and sacredness in life are important in that individuals need both a sensation of vocation and a sense of awe in life (Elkins et al., 1988), and spirituality is a means by which those needs are balanced.

Another important dimension of transpersonal psychology is the seemingly clear but contextually enigmatic notion of the *self*. Levy (1983) cited Deikman (1982), who briefly explained the role of the self in transpersonal psychology. Part of the self is, what Deikman described, the “observing self”, which is an entity of our self that is a content-less, figurative self, aware of consciousness but not directly a part of it. This self emerges when we describe ourselves in terms of “I” awareness, as in “I feel”, et cetera. This “I” is the observing self (Deikman, 1982). Transcendence allows individuals to move beyond the scope of the self and ego to foster higher elements of human nature.

As a brief additional note, since the integration and conception of these features, transpersonal psychology has expanded to relaxation and lifestyle techniques for everyday use. Some of these techniques include attention training, exercises in visualization, meditation, holistic health care, life review, and refined awareness. These techniques have, in some limited contexts, have been used to help older adults, but are not well described in terms of processes or outcomes (Moody & Sasser, 2015).

### **3.5 Transpersonal Psychotherapies**

Considering that the features of transpersonal psychology are so contextually ambiguous and abstract, applying the aforementioned principles and constructs related to transpersonal psychology might seem to be difficult. Nevertheless, transpersonal psychology has grown enough to be applied to therapeutic techniques in transpersonal

psychotherapy. According to Walsh and Vaughn (1980), transpersonal psychotherapy incorporates traditional areas and techniques but also “an interest in facilitating growth and awareness beyond traditionally recognized levels of health”, and in transpersonal psychotherapy, “the importance of modifying consciousness and the validity of transcendental experiences and identity is affirmed” (Walsh & Vaughn, 1980, pg. 16).

Transpersonal psychotherapy acknowledges the development of the ego beyond the normal boundaries of experience. This form of therapy describes the difference between healthy versus unhealthy ego development. Healthy ego development and transcendence beyond normal ego boundaries can “engender the highest human qualities, including altruism, creativity, and intuitive wisdom (Kaspro & Scotton, 1999, pg. 12). Conversely, unhealthy ego development can lead to psychosis or other psychopathologies. Kaspro and Scotton explain that clinicians and psychotherapists that understand the difference between these two dimensions of ego development can use that information to optimize treatment (Kaspro & Scotton, 1999).

Transpersonal psychotherapy is so unique because most mainstream therapies and techniques tend to ignore or overlook the importance of spirituality and religion as integral and meaningful parts of individuals lives. Spirituality is not just a means of gaining psychological and social support (Kaspro & Scotton, 1999). In transpersonal psychotherapy, the spiritual experience is directly addressed and is incorporated into treatment.

In most therapies, the goal is to treat an individual’s psychopathology, but in transpersonal treatments, this is not the only goal. The more important goal for this therapeutic technique is to create a sense of deeper connectedness with the self and the

universe in order to foster creativity, altruism, and the highest human qualities and capabilities in development (Kasprow & Scotton, 1999). Psychopathology is caused for some people, however, when experiencing transcendence beyond normal ego boundaries. Transcending ego boundaries can potentially produce feelings of fear, uncertainty, confusion, and even chaos for those individuals because spiritual experiences can affect each individual very differently. These transcendent experiences, while normally very healthy, could potentially fragment a fragile ego (Kasprow & Scotton, 1999).

Nevertheless, accessing these experience and the aforementioned Jungian principles of transcendence are thought to bring healing and growth, even for these individuals who may have traumatic reactions to spiritual experiences (Kasprow & Scotton 1999). Being able to encourage individuals to move beyond and step outside their normal personal boundaries then becomes very important for treating individuals with psychopathology. To encourage this transformative process in clients, transpersonal psychotherapists must understand the difference between the conditions of healthy versus unhealthy ego transcendence, and use techniques such as engendering altered states of consciousness to evoke changes in feeling and thinking in their clients and foster whatever the desired higher states of being are (Kasprow & Scotton, 1999).

Other types of psychotherapies that incorporate transpersonalism include Heart-Centered therapies, Jungian therapies, and consciousness techniques such as Kundalini meditation (Zimberoff & Hartman, 2003). Heart-Centered therapies emphasize the role of the soul, the notion of “letting go”, similar to the letting go of Kabat-Zinn’s attitudinal foundations of mindfulness (Kabat-Zinn, 2013), and helping individuals bring their own spirituality into the sessions. Bringing spirituality to the session can happen in a variety

of ways, whether that be by striving to find a god, or letting that god into one's life, reconciling with spiritual practices, accessing the client's soul, or retrieving the soul when it is lost (Zimberoff & Hartman, 2003). Heart-Centered therapies might also incorporate, depending on the clinician's background, shamanistic healing and shamanistic states of consciousness, which induce a dream-like state in between other states of consciousness, which help evoke memories and heightened sensory experiences that encourage ego transcendence (Zimberoff & Hartman, 2003).

Heart-Centered therapists might also use altered states of consciousness through hypnosis, examination of dream states and sleep, as well as Kundalini meditation, which is a form of meditation that examines the spiritual energy and transfer of such throughout the body via the chakras. In this case, chakras are the areas of the body through which this ambiguous spiritual energy flows. Kundalini meditation is central to Heart-Centered therapies because it is based on the *heart center* chakra of the body, which, according to the believers of this particular school of thought, brings love and transformation to individuals and enhances states of consciousness (Zimberoff & Hartman, 2003).

In these types of therapies, however, it is crucial for the clinician to be open minded. A dogmatic or spiritually rigid clinician, or even one who has his or her own unresolved spiritual conflicts, could affect their client through the countertransference of feelings from the therapist to the client (Zimberoff & Hartman, 2003). Also, none of these studies mention any outcomes of these psychotherapies, so the efficacy in terms of this discussion is debatable, making the application to aging less clear. These issues are simply one of many illustrations of the limitations of spirituality and transpersonal components in psychology.

### **3.6 Further Limitations of Transpersonal Psychology**

One of the greatest difficulties examining transpersonal psychology is the relative lack of literature regarding these constructs. In addition to the lack of literature, many of the existing literature is dated, particularly the initial developments in the 1960s and 70s. Also, it appears from a review of databases and journals that few relevant studies have been conducted since the late 1990s such as the ones mentioned throughout the chapter, which limits the potential relevancy in today's standards. The lack of research also makes a reader question what has happened to the status and legitimacy of transpersonal psychology as a subfield.

Walsh described in 1992 that, despite the fact that transpersonal psychology has been around since the late 1960s, it was still considered to be in its infancy in the 1990s, and because of the lack of maturation of the field, there have been challenges in continuing to develop the literature and theoretical concepts (Walsh, 1992). Walsh also believed that much of the thinking and reasoning in transpersonal literature tends to be "rather sloppy and intellectually unsophisticated" beyond its superficial enthusiasm and underlying philosophical assumptions (Walsh, 1992, pg. 39). This also harkens back to Chaudhuri (1975) who complained that transpersonalism and humanism are so similar that they are frequently indistinguishable and have been unsuccessfully discriminated.

Even in the early 1990s, transpersonal psychology remained relatively isolated from mainstream psychology, but for the field to really mature and develop further in order to be taken more seriously, transpersonal psychology still needs to become a wider-scoped interdisciplinary study (Walsh, 1992). Walsh also noted that more research is necessary, and by the literature review undertaken for this thesis, this claim is still

applicable. There are numerous studies on meditation such as the ones mentioned in this chapter as well as chapter two, and Walsh (1992) made note of this as well, but there is still a lack of study in other transpersonal areas. As a further limitation, Walsh explained, transpersonal psychology does not address the dark side of human nature, existential limits, subconscious shadows, and even the concept of evil, which makes it seem as if these concepts do not have a place in this subfield (Walsh, 1992).

Transpersonal psychotherapy is also limited because, as Walsh enlightened, it is crucial for clinicians and psychotherapists to have experiential practice and awareness in transpersonal techniques in order to credibly and authoritatively treat clients in transpersonal psychotherapy (Walsh, 1992). Practitioners should have some kind of psychological or contemplative practice in these areas to avoid these transpersonal elements being “empty” or meaningless in the context of therapy (Walsh, 1992, pg. 41). As Kaspro and Scotton mentioned, especially in the context of treatment, it is necessary for psychotherapists to be able to discriminate between the conditions of their clients (Kaspro & Scotton, 1999). This need for experiential background and credibility puts a demand on clinicians in this sense.

This chapter has provided a foundation and a better understanding of transpersonal psychology as a subfield and what the hallmark features are. The next chapter will be devoted to the applications of mindfulness techniques and transpersonal psychology foundations in the context of older adults. Additionally, the next chapter will begin the discussion of how the disciplines of mindfulness and transpersonal psychology can enlighten gerontological literature in successful aging.

#### **Chapter 4: Applications in the Context of Older Adults**

As was discussed in the very first chapter, successful aging requires the hierarchical achievement of avoiding disease and disability, maintaining high physical and cognitive functioning, and actively engaging with life (Rowe & Kahn, 1997). In this sense then, the role of psychology in aging can address the components of cognitive functioning and engagement with life. The elements of mindfulness and transpersonal psychology are valuable tools that can encourage not only cognitive functioning and engagement with life, but also contribute to physical health as well, all of which are necessary for older adults to age successfully. Keeping the dimensions of successful aging in mind, this chapter will apply the prior discussions of mindfulness and transpersonal psychology to successful aging in an effort to evidence the importance of encouraging positive aging in a burgeoning population of older adults.

While, for the most part, a review of the research reveals very few studies of mindfulness, meditative techniques, and transpersonal psychology being used specifically at a target group of older adults, which was discussed in the methodology, there is one very notable study done by Alexander, Langer, Newman, Chandler, and Davies (1989) that incorporated all three concepts in the study titled *Transcendental Meditation, Mindfulness, and Longevity: An Experimental Study with the Elderly*. In this early study, the team sought to examine the role of transcendental meditation and mindfulness practice in the context of longevity and potentially increasing life years by affecting psychological and biological mechanisms of aging (Alexander, Langer, Newman, Chandler, and Davies, 1989). Prior to this study, there had been no studies whatsoever

examining the effects of meditation and similar techniques on the advanced older population (Alexander et al., 1989).

To conduct this research, seventy-three volunteers were used from six retirement homes, one nursing home, and one senior apartment complex. The volunteers had an average age of just over eighty years old. Participants were assigned to one of four conditions using stratified random assignment, due to considerations in differing cognitive status. Each participant, regardless of the condition he or she was assigned to, was told that he or she was to expect some kind of positive outcome in his or her mental and physical health. Each condition used similarly structured transcendental meditation technique sessions in compliance with the standards of the International Meditation Society, and participants were required to practice their program twice a day for twenty minutes at a time. Each subject also met with his or her instructor for half an hour each week (Alexander et al., 1989).

The meditation process was described as one in which individuals were instructed to sit comfortably and quietly within their own rooms, with their eyes closed, and use a timer to ensure the correct length for the practice session. The goal of these meditation sessions was for the participants to turn inwards until the mind was able to transcend to the subtlest of thoughts until eventually reaching the origin of their thoughts in an effort to experience pure consciousness (Alexander et al., 1989). Subjects were asked to use a *mantra* or a meaningless sound which is unique to each individual and is used to associate with settling down and facilitating meditative transcendence. This particular meditation system emphasizes that changing belief systems or lifestyles is not necessary for individuals to achieve transcendental states (Alexander et al., 1989). Participants also

engaged in mindfulness training through guided attention techniques such as word-production tasks to engage mental activity (Alexander et al., 1989).

The use of these transcendental meditative techniques were found to increase restfulness and alertness during meditation. These meditation sessions also resulted in increased engagement in activities and relaxation after completing the exercises for most of the participants. While there were no overwhelming or definitive indicators that longevity would be increased by using these techniques, a three year follow-up showed that all of the original participants that did not drop out were still alive after the study, which was a promising indicator (Alexander et al., 1989).

This study demonstrates that mindfulness and transpersonal psychology can definitively be applied to older adults. Nevertheless, the study did not address the concept of successful aging, which was in that time still in its infancy. Additionally, long-term follow-ups and continuations of these techniques would be necessary to evidence benefits for these older adults and generalize the techniques to the general elderly population. Because of the stalled nature of this field of inquiry, it is crucial to examine new ways this subject can be approached.

#### **4.1 Mindfulness, Transpersonal Psychology, Spirituality, and Older Adults**

Examining mindfulness and transpersonal psychology has shown many elements of spirituality as the roots for the evolutions of these psychological constructs. Mindfulness, for example, has evolved from Buddhism as well as Eastern religions and contemplative practices, and involves meditation and other techniques that may or may not be spiritual in nature (Hagen, 1999). Similarly, transpersonalism emphasizes the

importance of spirituality and a sense of “awe”, mystery, transcendence, and transformation in the human experience (Maslow, 1971; Levy, 1983; Wilber et al., 1986; Elkins et al., 1988; Vich, 1990; Lajoie & Shapiro, 1992; Kasproh & Scotton 1999; Zimberoff & Hartman, 2003; Hartelius et al., 2007; Judy, 2011).

In a broader context, spirituality is applicable to the health and well-being of older adults in general. In terms of engaging with life in successful aging, religion and spirituality have long been held as an important force in social activity (Ferraro & Albrecht-Jensen, 1991). Social activity is a natural way of engaging with life, and religious involvement is a way for individuals to connect with their community and peers to gain social supports, especially for older adults. In fact, spirituality has also become an increasingly important concept in terms of psychology and mental health, and with the recent update of the Diagnostic and Statistical Manual of Mental Disorders, the new DSM-5, spirituality has been categorized as part of the category of “Cultural Formulation”, placing the importance of spirituality in a broader cultural context, as opposed to describing it as a vague, unimportant psychological construct (Ellor, 2013).

Based on these assumptions about religion and spirituality, not only as an inherent social activity but also a cultural staple, many researchers have sought to examine the impact of spirituality for older adults. Many studies have since established a relationship between religious participation, spirituality, and positive health benefits in older adults. As just one example, Ferraro and Albrecht-Jensen (1991) found that active practice and participation in religious or spiritual activities such as praying and churchgoing had positive health benefits on adult health in general (Ferraro & Albrecht-Jensen, 1991).

Another study by Gonzalez-Celis, Edgardo, Rocio, and Margarita (2012) sought to examine the role of quality of life, spirituality, and depression in older adults. The team's research evidenced a fairly significant correlation between spirituality and quality of life, which is an important determinant in the well-being of older adults (Gonzalez-Celis, Edgardo, Rocio, & Margarita, 2012). Additionally, there is a negative association between quality of life and depression, meaning the higher an individual perceived quality of life *and* their objectively measured quality of life, the less likely they are to be depressed. Furthermore, Gonzalez-Celis and colleagues found that the individuals that rated spirituality as important to their life as a whole were in better health. These findings suggest that psychological interventions for depression can increase quality of life, and once again, spirituality is cited as a psychological resource and coping mechanism for improving the aging process (Gonzalez-Celis et al., 2012).

Moreover, Humboldt, Leal, and Pimenta (2014) conducted a recent study in which they interviewed older adults between the ages of seventy-five and one-hundred-and-three concerning how these individuals best adjusted to aging and maintained their well being. The researchers found that spirituality was the most verbalized indicator of the qualities that contribute to positive adjustment to aging and maintenance of well-being. The results also suggested a three-dimensional model of spirituality that encourages aging adjustment: spiritual and existential meaning, limit-related awareness (as a way of accepting one's own mortality), and community embeddedness (Humboldt, Leal, & Pimenta, 2014).

The descriptions of these three dimensions echoes many of the concepts illustrated with the models of successful aging, mindfulness, *and* transpersonal

psychology. Part of what Rowe and Kahn described as essential to successful aging is, again, engagement in meaningful activities (Rowe & Kahn, 1997). In Humboldt, Leal, and Pimenta's model, spiritual and existential meaning included components of meaningful work or deeds, meaningful relationships, maintaining authenticity, and a positive attitude. As Jon Kabat-Zinn mentioned in his book, mindfulness is all about attitude, hence the seven attitudinal foundations necessary for mindfulness practice (Kabat-Zinn, 2013).

Similarly, Elkins and colleagues described engaging in meaningful activities, having a mission and purpose in life, and having attitudes and behaviors such as altruism as important in transpersonal elements of spirituality (Elkins et al., 1988). The dimension of community embeddedness also echoed those notions of encouraging altruism and a spiritual community of like-minded individuals (Humboldt et al., 2014). So many of these sentiments have similarities and common conceptions provides strong evidence that mindfulness and transpersonal techniques can be used to provide the same health and well-being results that spiritual experiences can provide for older adults.

Also, the team found that the individuals in the study were more likely to describe having a spiritual *orientation to life* rather than a traditional religious viewpoint. This finding suggests that, with age, spirituality may take on different forms for individuals who may have been more conventionally religious in the past (Humboldt et al., 2014). The literature by Elkins and colleagues (1988) emphasized the point in the application of spirituality in transpersonalism that spirituality does not have to be the same as religiosity (Elkins et al., 1988). The independence of spirituality gives individuals the option to have those meaningful, spiritual experiences and orientation to life without necessarily

having to practice traditional organized religion. Being as mindfulness and transpersonal psychology techniques such as the various forms of meditation described by Jon Kabat-Zinn (2013) as well as transpersonal psychologists Zimberoff and Hartman (2003) are nontraditional expressions of spirituality, this openness towards different avenues of spiritual experiences could be very encouraging for older adults striving to age more successfully.

Yet another study by Vance, Brennan, Enah, Smith, and Kaur (2011) showed that spirituality and religiosity have been empirically supported as important promoters of successful aging. Their research showed that not only can the general population benefit from religion and spirituality, but those with HIV have also used religion and spirituality to help cope with their disease. This suggests that these resources might also help older adults suffering with HIV age more successfully with their disease (Vance, Brennan, Enah, Smith, & Kaur, 2011), which could be applicable to other chronic diseases faced by older adults as well.

While so many studies have shown significant relationships between spirituality, health, and even successful aging, it is also critical to acknowledge the potential reasons why religion and spirituality can have such benefits. Before many of these studies, in 1987, Ellen Idler did research regarding religious involvement among non-institutionalized older adults and subsequently proposed four mechanisms or hypotheses to suggest why religious and spiritual involvement might positively benefit health and well-being. The first of those four hypotheses is the health behavior hypothesis, which suggests that religiously involved individuals are less likely to engage in high-risk health behaviors such as smoking, drinking, and sexual promiscuity due to their religious beliefs

(Idler, 1987). This aversion to high-risk behavior is also associated with denominational groups such as the Latter-day Saints and Seventh-Day Adventists (Ferraro & Albrecht-Jensen, 1991). The social cohesiveness hypothesis posits that religious groups, as any other social group, provide valuable psychological resources such as coping skills, or even emotional or material resources. The coherence hypothesis discusses the nature of religious participation as an important mechanism in forming a special meaning system that explains life. Finally, the theodicy hypothesis mentions religiosity as a means of providing meaning and hope to life, even in the face of suffering (Idler, 1987).

Idler's study in particular illuminates that religiosity and spirituality are an important means of rallying the necessary coping skills, social support, and even resiliency as was described in chapter one with Reed's study (1989). All of these elements and personal resources could be used to age more healthfully, both mentally and physically. These four hypotheses describe means of providing hope and community, and even encourage healthy behaviors based on belief systems. Incorporating spirituality is a potential way to make mindfulness and transpersonal psychology more approachable and relatable for older individuals as well, especially considering so many older adults cite spirituality as an important element in their life, such as those who felt it was crucial for their adjustment to aging process (Humboldt et al., 2014).

#### **4.2 Mindfulness and Applications to Aging**

Through the discussion in chapter two, Mindfulness and meditative techniques have been applied to older adults in relatively limited contexts. In Jon Kabat-Zinn's book titled *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress*,

*Pain, and Illness* (2013), much of which was discussed in chapter two, he mentions several cases of individuals who are profoundly changed by his Mindfulness-Based Stress Reduction (MBSR) therapy.

One of these cases regarded a man in his early seventies who had severe pain in his feet that was causing him to need a wheelchair for mobility, and he often felt that the pain was so bad that he wanted to cut off his feet (Kabat-Zinn, 2013). Naturally, he was extremely skeptical about meditation, but he was desperate for any kind of help. Kabat-Zinn discussed, however, that after the first class, he experienced some kind of change which increased his determination. For the second class, he came on crutches, and from then on he walked only with a cane. Additionally, his attitude had improved and his pain became more bearable as he began meditating daily and incorporating mindfulness into his everyday life (Kabat-Zinn, 2013).

As was mentioned in chapter two, the individuals that undergo the eight week endeavor of MBSR come from a wide array of backgrounds, ages, and conditions (Kabat-Zinn, 2013). MBSR is particularly applicable to older individuals, however, in the sense that many older adults experience chronic pain or illness – in 2005, more than 72% of the global disease burden was attributable to chronic disease, affecting older adults in large numbers (Strong, Mathers, Leeder, & Beaglehole, 2005). As in the case of the man with severe foot pain, MBSR and meditation can change how individuals relate to their experience of pain, stress, and illness, dramatically improving their daily functioning. Those MBSR success stories also show similarities to the HIV study that suggested that spirituality can be helpful in coping with disease (Vance et al., 2011).

As further evidence of the utility of applying mindfulness, transpersonal psychology, and these elements of spirituality in a unified way to successful aging, a study by Greeson, Webber, Smoski, Brantley, Ekblad, Suarez, and Wolever (2011), makes an interesting point by suggesting that the health-related and quality of life outcomes from MBSR courses can be explained by changes in spirituality. The team examined the self-rated outcomes of a heterogeneous group of individuals of a variety of ages who participated in online surveys before and after completing an eight-week MBSR course (Greeson et al., 2011). The results of the study indicate that the “relationship between enhanced mindfulness and improved health-related quality of life is mediated by increased daily spiritual experiences” (Greeson et al., 2011, pg. 508).

The researchers propose that it is these daily spiritual experiences that are the reason why MBSR and mindfulness practice in general have such profound affects on health that are demonstrated by MBSR outcome studies (Greeson et al., 2011). These findings suggest that spirituality increases mindful behavior itself. Increasing everyday mindful behavior would make applying mindfulness practice to older adults as a daily successful aging technique easier if approached in this manner, due to the importance of spirituality in older adults’ lives as suggested by the studies in beginning of this chapter.

Having daily spiritual experiences and rallying internal resources and coping mechanisms by using these techniques (i.e. MBSR, spiritual practice, etc.) can be enormously beneficial for older adults of all functional status, especially in the context of the dimensions of successful aging. Additionally, these positive health results give a particular emphasis on the significance of maintenance of high physical and cognitive functioning for successful aging. Reducing stress and increasing coping mechanisms also

fosters resiliency, as Pamela Reed (1989) and subsequent researchers (Netuveli et al., 2008; Lamond et al., 2008; Jeste & Depp, 2010) demonstrated, as discussed in chapter one. Resiliency is especially important in the adjustment to the various challenges of the aging process.

Using techniques such as meditation to increase everyday health and well being could potentially prevent other declines by encouraging successful aging in general. While the Alexander et al. (1989) study provided important groundwork for this issue, much needs to be done with this subject. With the increase in the popularity of the subject of successful aging, more connections can be made between the subjects to create a more unified approach to applying mindfulness and transpersonal psychology to successful aging.

### **4.3 Transpersonal Psychology and Applications to Aging**

Transpersonal psychology, as discussed in chapter three as well as in this chapter, has many elements of spirituality, which have been shown in the aforementioned studies to encourage successful aging as well as overall health and well-being in older adults in general. Nevertheless, spirituality is not the only aspect of transpersonal psychology that can be applicable to older adults. Harkening back to the theories by Hartelius, Caplan, and Rardin (2007), part of transpersonal psychology is the psychology of transformation in going beyond the normal limits and boundaries of the self and the ego (Hartelius et al., 2007). This encourages that notion of cosmic unity or awareness that transpersonal psychologists cite as an important dimension of transpersonal experiences (Sutich, 1968; Chaudhuri, 1975).

These transformative experiences and the concept of cosmic awareness have much in common with the theory of gerotranscendence, which, again, is a shift away from materialism and an expansion to a more universal, spiritual view that is a natural progression for adults entering the last stage of life (Degges-White, 2005). Like the features of transpersonal psychology regarding ego development beyond the normal limitations of time and space (Walsh & Vaughn, 1980), gerotranscendence also is characterized by an alteration of an individual's perception of time and space; additionally, gerotranscendence, as mentioned in chapter one, encourages a deeper connection intergenerationally and spiritually (Degges-White, 2005), similar to the deeper connection with the self in transpersonal psychology. By these descriptions, gerotranscendence allows older adults to move beyond the limitations of aging to increase their enlightenment and spiritual experiences, even in the face of age-related challenges.

Using gerotranscendence as an example, it is evident that transpersonal features have a potentially valuable place in the aging literature. The value of transpersonalism is also evidenced by the recent description by Moody and Sasser (2015) mentioned in chapter three regarding how transpersonal psychology has expanded in such a way that it is used as a method of developing these relaxation and lifestyle techniques for everyday use. Those techniques that were mentioned - attention training, exercises in visualization, meditation, holistic health care, life review, and refined awareness – that have been briefly examined with older adults (Moody & Sasser, 2015), also share common features with mindfulness and other spiritual experiences such as the meditation component that older adults could use to enhance their aging process.

While these disciplines have been examined in conjunction only very limitedly, there is a definite need for expanding these types of studies in the context of older adults as we see the rapid growth of the population of individuals over the age of sixty-five (Moody & Sasser, 2015). Encouraging successful aging and maintenance of quality of life and well-being in older adults does not only benefit the elderly, but successful aging benefits society as a whole by improving overall population health well-being and promoting techniques and values that can be applicable to each generation that advances in age.

Psychology has an important role in addressing the psycho-social factors that affect the general population, especially older adults with more specialized mental and physical health needs. The chapters in this thesis have discussed many ways in which mindfulness and transpersonal psychology can contribute to successful aging by increasing physical and cognitive functioning, decreasing risk of negative health consequences, and increasing overall engagement with meaningful activities in daily life.

## **Chapter 5: Summary, Overall Limitations, and Future Directions for Research**

### **5.1 Summary**

This thesis was dedicated to discussing the importance of encouraging successful aging in a period of time where there are currently more people living aged sixty-five or older than in any other period of human history combined (Fried, 2012). Successful aging, by Rowe and Kahn's definition, includes the dimensions of avoiding disease, maintaining physical and cognitive functioning, and engaging with life (Rowe & Kahn, 1997). These qualities are just some of many that are crucial for older adults to maintain their physical and psychological health and well-being.

To achieve this discussion, a particular emphasis was put on the role of psychology in aging, including mental health components of aging such as resiliency, but most notably how the psychological constructs of mindfulness and transpersonal psychology can inform the successful aging literature. The various techniques discussed in the literature cited throughout the thesis, particularly mindfulness and transcendental meditation, but also an emphasis on daily spiritual experiences and gerotranscendence, contributed to factors that increase physical and cognitive functioning, increased health benefits, and ways to engage in life both socially and spiritually. All of these elements can be valuable promoters of successful aging.

Additionally, while not originally intended to be a large component of this discussion, the role of spirituality continually emerged as a common thread between concepts. Spirituality as discussed in chapter four provides social support, coping mechanisms, resiliency techniques, and overall health benefits to older adults, who

describe spirituality and religiosity as necessary for their well-being. Being as mindfulness comes from eastern spiritual practices, and transpersonal psychology emphasizes the importance of spiritual experiences and a sense of “awe” in ego transcendence, this provides an excellent background for application to older adults.

While the Alexander et al. (1989) study was a paramount piece outlining the application of mindfulness and transpersonal psychology in the context of longevity, the study is now dated. Additionally, there is no relevant follow-up research in this particular area, especially with the projected increase in the older adult population. This opens up a discussion for the limitations of the literature, as well as the limitations of the thesis in general.

## **5.2 General Limitations**

This thesis demonstrates several limitations. Primarily of concern are the limitations in the literature. Reviewing the aging psychology literature was an initial problem due to the over-emphasis on neurodegenerative diseases and the under-mentioning of psycho-social factors of aging in an aging population. At the very least, successful aging literature has grown in importance and recognition since Rowe and Kahn’s coining of the term in 1987.

An examination of the literature also revealed a lack of a presence of aging in mindfulness and transpersonal psychology literature beyond the Alexander et al. (1989) study. This emphasizes a larger problem of a lack of follow-up studies in various aspects of these subfields. For example, transpersonal psychology literature had rapidly expanded after the establishment of the subfield in the late 1960s, but after the late 1990s and

onwards, there has been little emphasis in recent years on transpersonal psychology. Transpersonalism in general seems to have failed to evolve further since the 1990s.

While mindfulness has continued to expand and evolve in the world of psychology, including the importance of mindfulness meditation and MBSR in terms of brain and health outcomes as mentioned in chapter two, there has not been any mention or emphasis of mindfulness as a potential tool for successful aging, aside from the study by Prakash et al. in 2014, which was limited in context to cognitive functioning. MBSR is used in contexts for individuals facing stress and chronic illness, which many older adults experience, but the practices used in MBSR, for example the everyday techniques mentioned in chapter two as well, could be used for healthy older adults to maintain their functional status as well. Considering the health benefits and social benefits mindfulness can offer for individuals, successful aging can only gain from this information.

Some other limitations in this thesis in general include practical limitations. For example, Asian psychology such as the contemplative practices that birthed the concept of mindfulness, are extremely informative regarding the spiritual and transcendental qualities that the mindfulness and transpersonal psychology subfields have to offer. Nevertheless, while mindfulness is getting more attention, there still could be leftover skepticism from a long held bias in psychological literature against Asian psychologies (Shapiro, 1986). Different cultural values and an overall lack of empirical evidence makes Asian psychology under-recognized in mainstream psychology (Shapiro, 1986), which limits the application of these more Eastern constructs to psychology *and* psychological gerontology literature.

Additionally, this thesis makes no effort to address the logistics of applying these kinds of techniques to older adults in a real-life setting. Older adults could have potential biases against foreign or Eastern philosophies that might make mindfulness and transpersonal psychology off-putting. Other practical limitations might include spreading the knowledge and awareness of these techniques, encouraging older adults to learn about the techniques and concepts, teaching these individuals everyday mindfulness and transpersonal techniques, and how to make these abstract ideas more appealing.

### **5.3 Future Directions for Research**

Overall, it is fairly clear that more research is needed in all of these domains. Successful aging is continuing to expand as a gerontological concept, but mainstream and social psychology play an important role in the discussion of aging as well. Successful aging should be the emphasis in a rapidly growing population of older adults, for the health and well-being of these individuals as well as society in general. While mindfulness is also gaining attention in psychology, there needs to be a further application to older adult target groups to encourage the mental and physical benefits individuals receive from mindfulness practice. Additionally, transpersonal psychology needs to be reintroduced into the psychological mainstream. The relative lack of literature since the 1990s and only limited studies mentioning previous research in the early 2000s seems to suggest that psychology has forgotten about the importance of transpersonalism as a description of the human experience beyond what is considered the “normal” or average experience.

Since there has been a number of studies regarding spirituality and religion in the role of older adults' lives, this could be a good starting point for connecting mindfulness and transpersonal psychology for these individuals due to the emphasis of spirituality in these constructs as is. The Alexander et al. (1989) study demonstrated the potential utility of these constructs in conjunction and gave promise to these ideas, but since this study, no researchers have really made an attempt to follow up on this literature in terms of expanding the applications and examining outcomes. Additionally, because that study was mainly focused on meditation in the role of longevity, it overlooks other everyday aspects of healthy aging that are perhaps stronger indicators of longevity such as maintaining physical and cognitive functioning, decreasing disease risk, and increasing active participation in life in general, not just a focus on these things during meditation practice. Since successful aging was only two years old when the Alexander et al. study was published, there was not much opportunity to discuss the role of these successful aging elements. Now, with the culmination of all these new fields and the role of the information that has since been discovered, the potential for increasing the literature in these discussions is enormous.

As Jeste and Depp (2010) suggested, these ways of “thinking outside of the box”, meaning in this discussion applying mindfulness and transpersonal psychology, could be important in informing successful aging, as well as how individuals should approach the aging process. This can be difficult, however, especially when facing inevitable declines. Nevertheless, decline and pathology should not be the focus of the literature. As Reed mentioned (1989), with an ever-increasing population of older adults, it is important to sustain the mental health of these individuals as members of our society. If mindfulness

and transpersonal psychology could be applicable to educating individuals about the nature of mental health and older adults, as well as contributing to an ideal of positive and successful mental aging, it will help society as a whole and improve social interactions between generations by creating greater understanding of the process of aging as well. Ultimately, these applications could inform how to make old age a fulfilling life stage characterized by general psychological well-being.

Once again, the significance of this thesis is to raise a discussion regarding new ways in which psychology can inform successful aging techniques and dialogues. Successful aging needs to be an imperative during a worldwide aging boom to increase the quality of life and overall well-being of society as a whole. If mindfulness and transpersonal psychology techniques can be encouraged, even if on a limited scale, many older adults could potentially benefit, increasing their health, quality of life, and potentially even their longevity.

The role of psychology should not be underestimated in gerontological discussions. The psycho-social affects of aging are just as important as the biological and physiological concerns. Successful aging takes a biopsychosocial approach to aging well, which makes psychology just as important as other disciplines, from biology to sociology, in gerontology as a field. Because older adults have more specialized mental and physical health needs simply due to age, psychology literature and society in general needs to stop avoiding aging and focus on new ways to make aging a meaningful, successful process.

## References

- Alexander, C. N., Langer, E. J., Newman, R. I., Chandler, H. M., & Davies, J. L. (1989). Transcendental meditation, mindfulness, and longevity: An experimental study with the elderly. *Journal of Personality and Social Psychology*, *57*(6), 950-964. doi:10.1037/0022-3514.57.6.950
- Baer, R. A. (2011). Measuring mindfulness. *Contemporary Buddhism*, *12*(1), 241-261. doi:10.1080/14639947.2011.564842
- Barrett, A. E., Redmond, R., & von Rohr, C. (2012). Avoiding aging? Social psychology's treatment of age. *The American Sociologist*, *43*(3), 328-347. doi:10.1007/s12108-012-9157-2
- Bishop, S., Velting, D., Devins, G., Lau, M., Shapiro, S., Carlson, L., . . . Speca, M. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology-Science and Practice*, *11*(3), 230-241.
- Baumann, K. (2012). An ageing decline. *Nature Reviews Molecular Cell Biology*, *13*(11), 681. doi:10.1038/nrm3464
- Cardaciotto, L., Herbert, J. D., Forman, E.M., Moitra, E., & Farrow, V. (2008). The assessment of present-moment awareness and acceptance: The Philadelphia mindfulness scale. *Assessment*, *15*(2), 204-223. doi:10.1177/1073191107311467
- Carlson, L. E., Speca, M., Faris, P., & Patel, K. D. (2007). One year pre–post intervention follow-up of psychological, immune, endocrine and blood pressure outcomes of mindfulness-based stress reduction (MBSR) in breast and prostate cancer outpatients. *Brain Behavior and Immunity*, *21*(8), 1038-1049. doi:10.1016/j.bbi.2007.04.002

- Carmody, J., Crawford, S., & Churchill, L. (2006). A pilot study of mindfulness-based stress reduction for hot flashes. *The Journal of the North American Menopause Society, 13*(5), 760-769. doi:10.1097/01.gme.0000227402.98933.d0
- Chaudhuri, H. (1975). Psychology: Humanistic and transpersonal. *Journal of Humanistic Psychology, 15*(1), 7-15. doi:10.1177/002216787501500104
- Childs, D. (2007). Mindfulness and the psychology of presence. *Psychology and Psychotherapy, 80*(Pt 3), 367-376. doi:10.1348/147608306X162600
- Coelho, H. F., Canter, P. H., & Ernst, E. (2013). Mindfulness-based cognitive therapy: Evaluating current evidence and informing future research. *Psychology of Consciousness: Theory, Research, and Practice, 1*(S), 97-107. doi:10.1037/2326-5523.1.S.97
- Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor - Davidson resilience scale (CD - RISC). *Depression and Anxiety, 18*(2), 76-82. doi:10.1002/da.10113
- Davidson, R., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S., . . . Sheridan, J. (2003). Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine, 65*(4), 564-570. doi:10.1097/01.PSY.0000077505.67574.E3
- Degges-White, S. (2005). Understanding gerotranscendence in older adults: A new perspective for counselors. *Adultspan Journal, 4*(1), 36-48.
- Deikman, A. J. (1982). *The observing self: Mysticism and psychotherapy*. Boston: Beacon.

- Elkins, D. N., Hedstrom, L. J., Hughes, L. L., Leaf, J. A., & Saunders, C. (1988). Toward a humanistic-phenomenological spirituality: Definition, description, and measurement. *Journal of Humanistic Psychology, 28*(4), 5-18.  
doi:10.1177/0022167888284002
- Ellor, J. W. (2013). Religion and spirituality among older adults in light of DSM-5. *Social Work and Christianity, 40*(4), 372.
- Erikson, E. H. (1950). *Childhood and society*. New York: W. W. Norton & Company, Inc.
- Erikson, E. H., Paul, I. H., Heider, F., & Gardner, R. W. (1959). *Psychological issues (Vol. 1)*. International Universities Press.
- Ferraro, K. F., & Albrecht-Jensen, C. M. (1991). Does religion influence adult health? *Journal for the Scientific Study of Religion, 30*(2), 193-202.
- Fried, L. P. (2012). What are the roles of public health in an aging society? In T. R. Prohaska, L. A. Anderson, & R. H. Binstock (Eds.), *Public Health for an Aging Society*. Maryland: The Johns Hopkins University Press.
- Galluzzi, S., Beltramello, A., Filippi, M., & Frisoni, G. B. (2008). Aging. *Neurological Sciences, 29*(S3), 296-300. doi:10.1007/s10072-008-1002-6
- Gethin, R. (2011). On some definitions of mindfulness. *Contemporary Buddhism, 12*(1), 263-279.
- Giblin, J. (2011). Successful aging choosing wisdom over despair. *Journal of Psychosocial Nursing and Mental Health Services, 49*(3), 23-26.  
doi:10.3928/02793695-20110208-01

- Gonzalez-Celis, A., Edgardo, R., Rocio, T., & Margarita, C. (2012). Quality of life, depression and spirituality in older adults. *International Journal of Psychology*, 47, 649-649.
- Greeson, J. M., Webber, D. M., Smoski, M. J., Brantley, J. G., Ekblad, A. G., Suarez, E. C., & Wolever, R. Q. (2011). Changes in spirituality partly explain health-related quality of life outcomes after mindfulness-based stress reduction. *Journal of Behavioral Medicine*, 34(6), 508-518. doi:10.1007/s10865-011-9332-x
- Hagen, S. (1999). *Buddhism plain and simple*. New York: Broadway Books
- Hartelius, G., Caplan, M., & Rardin, M. (2007). Transpersonal psychology: Defining the past, divining the future. *The Humanistic Psychologist*, 35(2), 135-160.  
doi:10.1080/08873260701274017
- Hodgson, A. (2013). Towards an ontology of the present moment. *On the Horizon*, 21(1), 24-38. doi:10.1108/10748121311297049
- Hölzel, B. K., Carmody, J., Vangel, M., Congleton, C., Yerramsetti, S. M., Gard, T., & Lazar, S. W. (2011). Mindfulness practice leads to increases in regional brain gray matter density. *Psychiatry Research: Neuroimaging*, 191(1), 36-43.  
doi:10.1016/j.psychresns.2010.08.006
- Humboldt, S., Leal, I., & Pimenta, F. (2014). Does spirituality really matter?: A study on the potential of spirituality for older adult's adjustment to aging. *Japanese Psychological Research*, 56(2), 114-125. doi:10.1111/jpr.12033
- Idler, E. L. (1987). Religious involvement and the health of the elderly: Some hypotheses and an initial test. *Social Forces*, 66(1), 226-238.

- Jeste, D. V. (2005). Feeling fine at a hundred and three: Secrets of successful aging. *American Journal of Preventive Medicine*, 28(3), 323–324.
- Jeste, D. V., & Depp, C. A. (2010). Positive mental aging. *The American Journal of Geriatric Psychiatry*, 18(1), 1-3. doi:10.1097/JGP.0b013e3181c3ef09
- Judy, D. (2011). Transpersonal psychology: Mapping spiritual experience. *Religions*, 2(4), 649-658. doi:10.3390/rel2040649
- Kabat-Zinn, J. (1994). *Wherever you go, there you are: mindfulness meditation in everyday life*. New York: Hyperion.
- Kabat-Zinn, J. (2013). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness* (Revised and updated ed.). New York: Bantam Books.
- Kaspro, M. C., & Scotton, B. W. (1999). A review of transpersonal theory and its application to the practice of psychotherapy. *The Journal of Psychotherapy Practice and Research*, 8(1), 12-23.
- Keller, M. L., Leventhal, E. A., & Larson, B. (1989). Aging: The lived experience. *International Journal of Aging and Human Development*, 29(1989), 67-81.
- Kornfield, J. (2008). *The wise heart: A guide to the universal teachings of Buddhist psychology* (Bantam Books trade paperback ed.). New York: Bantam Books.
- Lajoie, D., & Shapiro, S. (1992). Definitions of transpersonal psychology - the first twenty-three years. *Journal of Transpersonal Psychology*, 24(1), 79-98.
- Lamond, A.J., Depp, C.A., Allison, M., Langer, R., Reichstadt, J., Moore, D. J., ... Jeste, D. V. (2008). Measurement and predictors of resilience among community-

- dwelling older women. *Journal of Psychiatric Research*, 43(2), 148-154.  
doi:10.1016/j.jpsychires.2008.03.007
- Levy, B. (1996). Improving memory in old age through implicit self-stereotyping. *Journal of Personality and Social Psychology*, 71(6), 1092-1107.  
doi:10.1037/0022-3514.71.6.1092
- Levy, B. (2009). Stereotype embodiment: A psychosocial approach to aging. *Current Directions in Psychological Science*, 18(6), 332-336. doi:10.1111/j.1467-8721.2009.01662.x
- Levy, J. (1983). Transpersonal psychology and Jungian psychology. *Journal of Humanistic Psychology*, 23(2), 42-51. doi:10.1177/0022167883232006
- Lindeman, R. D. (2005). Successful aging. *Experimental Lung Research*, 31(S1), 3-86.  
doi:10.1080/01902140591005067
- Marlatt, G. A., & Kristeller, J.L. (1999). Mindfulness and meditation. In *Integrating spirituality into treatment*, ed. W. R. Miller, 67–84. Washington DC: American Psychological Association.
- Maslow, A. (1971). *The farther reaches of human nature*. New York: Viking.
- Moody, H., & Sasser, J. (2015). *Aging: Concepts and controversies* (8th ed.). Thousand Oaks, California: SAGE Publications.
- Netuveli, G., Wiggins, R. D., Montgomery, S. M., Hildon, Z., Blane, D. (2008). Mental health and resilience at older ages: Bouncing back after adversity in the British household panel survey. *Journal of Epidemiology and Community Health*, 62(11), 987-991. doi:10.1136/jech.2007.069138

- Onoda, K., Ishihara, M., & Yamaguchi, S. (2012). Decreased functional connectivity by aging is associated with cognitive decline. *Journal of Cognitive Neuroscience*, 24(11), 2186- 2198. doi:10.1162/jocn\_a\_00269
- Prakash, R., De Leon, A., Patterson, B., Schirda, B., & Janssen, A. (2014). Mindfulness and the aging brain: A proposed paradigm shift. *Frontiers in Aging Neuroscience*, 6, 120. doi:10.3389/fnagi.2014.00120
- Rapgay, L., & Bystrisky, A. (2009). Classical mindfulness. *Annals of the New York Academy of Sciences*, 1172(1), 148-162.
- Reed, P. G. (1989). Mental health of older adults. *Western Journal of Nursing Research*, 11(2), 143-163. doi:10.1177/019394598901100202
- Rhys Davids, T. W. (1881). *Buddhist suttas*. Oxford: Clarendon Press.
- Rowe, J. W., & Kahn, R. L. (1987). Human aging: Usual and successful. *Science*, 237(4811), 143-149. doi:10.1126/science.3299702
- Rowe, J. W., & Kahn, R. L. (1997). Successful aging. *The Gerontologist*, 37(4), 433-440. doi:10.1093/geront/37.4.433
- Sarte, J. P. (1956). *Being and nothingness*. New York: Philosophical Library.
- Schoklitsch, A. and Baumann, U. (2012). Generativity and aging: A promising future research topic? *Journal of Aging Studies*, 26, 262–272.
- Schultz, R. and Heckhausen, J. (1996). A life span model of successful aging. *American Psychologist*, 51(7), 702–714.
- Segal, Z. V., Williams, J. M. G., & Teasdale, J.D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York: Guilford.

- Shapiro, S. (1986). The neglect of Asian psychology in the united states. *Psychologia*, 29(1), 10-17.
- Shapiro, S. L., Carlson, L. E., Astin, J. A., & Freedman, B. (2006). Mechanisms of mindfulness. *Journal of Clinical Psychology*, 62(3), 373-386.  
doi:10.1002/jclp.20237
- Strohl, J. E. (1998). Transpersonalism: Ego meets soul. *Journal of Counseling & Development*, 76(4), 397-403. doi:10.1002/j.1556-6676.1998.tb02698.x
- Strong, K., Mathers, C., Leeder, S., & Beaglehole, R. (2005). Chronic diseases 1 – preventing chronic diseases: How many lives can we save? *Lancet*, 366(9496), 1578-1582. doi:10.1016/S0140-6736(05)67341-2
- Sutich, A. J. (1968). Transpersonal psychology: An emerging force. *Journal of Humanistic Psychology*, 8(1), 77-78. doi:10.1177/002216786800800108
- Vaillant, G. E., & Mukamal, K. (2001). Successful aging. *The American Journal of Psychiatry*, 158(6), 839-847. doi:10.1176/appi.ajp.158.6.839
- van Boxtel, M. P. J., & Speckens, A. E. (2014). Mindfulness, cognitive function and 'successful ageing'. *Tijdschrift Voor Gerontologie En Geriatrie*, 45(3), 137.
- Vance, D., Brennan, M., Enah, C., Smith, G., & Kaur, J. (2011). Religion, spirituality, and older adults with HIV: Critical personal and social resources for an aging epidemic. *Clinical Interventions in Aging*, 6, 101-109. doi:10.2147/CIA.S16349
- Vich, M. A. (1990). The origins and growth of transpersonal psychology. *Journal of Humanistic Psychology*, 30(2), 47-50. doi:10.1177/0022167890302006

- Walach, H., Buchheld, N., Buttenmüller, V., Kleinknecht, N., & Schmidt, S. (2006). Measuring mindfulness—the Freiburg mindfulness inventory (FMI). *Personality and Individual Differences, 40*(8), 1543-1555. doi:10.1016/j.paid.2005.11.025
- Walsh, R. (1992). The search for synthesis: Transpersonal psychology and the meeting of east and west, psychology and religion, personal and transpersonal. *Journal of Humanistic Psychology, 32*(1), 19-45. doi:10.1177/0022167892321003
- Walsh, R., & Vaughn, F. (1980). *Beyond ego: Transpersonal dimensions in psychology*. Los Angeles: J.P. Tarcher.
- Wilber, K., Engler, J., & Brown, D. (1986). *Transformations of consciousness: Conventional and contemplative perspectives on development*. Boston: New Science Library/Shambhala.
- Wurm, S., & Benyamini, Y. (2014). Optimism buffers the detrimental effect of negative self-perceptions of ageing on physical and mental health. *Psychology & Health, 29*(7), 832-848. doi:10.1080/08870446.2014.891737
- Yankner, B. A., Lu, T., & Bishop, N. A. (2010). Neural mechanisms of ageing and cognitive decline. *Nature, 464*(7288), 529-535. doi:10.1038/nature08983
- Zimberoff, D., & Hartman, D. (2003). Transpersonal psychology in heart-centered therapies. *Journal of Heart Centered Therapies, 6*(1), 123-144.