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Assessing the Psychoeducational Approach to Transcendence and Health (PATH) Program: An
Intervention to Foster Self-transcendence and Well-being in

Community-dwelling Older Adults

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Assessing the Psychoeducational Approach to Transcendence and Health (PATH)

Program: An Intervention to Foster Self-transcendence and Well-being in

Community-dwelling Older Adults

For the first time in human history large numbers of people are living into their 80s, 90s, and older, experiencing an unprecedented extension of the final phase of life. The process of self-transcendence may be instrumental in helping individuals cope effectively with the challenges and the opportunities that come with age. Research is needed to identify methods of promoting optimal development of self-transcendence in late life. The purpose of this qualitative pilot study was to evaluate the PATH Program from the perspective of facilitators and older adults who participated in the program. The Program was designed to foster self-transcendence and indicators of well-being among community-dwelling adults, aged 60 and older, attending a senior center. Qualitative data were collected to gain insight into participants' experiences of the intervention, and their perceptions of the effects of various components of the intervention in order to refine and strengthen the PATH Program.

This paper defines self-transcendence and presents empirical work on its associations with indicators of well-being such as life satisfaction and quality of life. Next, the conceptual model that provided the theoretical basis for the PATH Program will be explained, and the intervention designed to increase self-transcendence and related outcomes in older adults will be described. Finally, the results of a feasibility study evaluating an initial version of the intervention will be presented, followed by a discussion of the need for further research on the potential for interventions based on self-transcendence to improve well-being, life satisfaction, and quality of life among the rapidly growing older adult population.

Meaning of Self-transcendence

Self-transcendence is defined for this study as, “a late life developmental process resulting in a shift in perspective from a rational, materialistic view to a wider world view, characterized by broadened personal boundaries within interpersonal, intrapersonal, transpersonal, and temporal dimensions” (Author et al., 2013a, p. 5). With self-transcendence comes a positive outlook on life, pleasure in small things with less concern for materialistic values, greater ability to cope with sadness and ambiguity, more emotional stability, and a mindful, compassionate view of self, others, and the environment (Erikson & Erikson, 1997; Maslow, 1969; Reed, 2014; Tornstam, 2005).

In developmental psychology, Maslow (1971) and Erikson (Erikson & Erikson, 1997) both defined transcendence as a late life developmental process. Maslow (1969) noted the word transcendence was derived from the verb *transcend*, meaning to rise above or move beyond time, culture, self, and others. Maslow described outcomes resulting from transcendence: moving beyond weakness, fear, and dependency; transcending the opinions or expectations of others, such as social conventions, family roles, or a focus on others to the exclusion of self; achieving a sense of unity with oneself and others, especially the next generation; and an increased consciousness of a higher meaning in life. Erikson held that transcendence moves beyond the either/or of each developmental stage to a new state in which older adults, “regain lost skills such as play, activity, joy, song, and a major leap above and beyond fear of death” (Erikson & Erikson, 1997, p. 127). Erikson felt transcendence was an inherent developmental response to multiple losses in late life that enabled older adults to look back on all stages of life from a different perspective, gaining a new understanding of self, others, and the meaning of life.

Tornstam (2005), a Swedish sociologist, proposed a Theory of Gerotranscendence in which gerotranscendence was defined as a late life developmental process resulting in a gradual

shift in meta-perspective or worldview from a materialistic and rational view of the world to a more mystical or cosmic perspective and leading to redefinition of time, space, life, death, and the self in late life. Gerotranscendence is marked by greater acceptance of self and others; more selectivity in relationships and activities; decreased concern about social roles and expectations; greater need for positive solitude and contemplation; and decreased fear of death. The outcome of gerotranscendence is increased life satisfaction.

The Theory of Self-transcendence. Reed (2014) describes self-transcendence as an inherent developmental process involving expansion of conceptual or personal boundaries within four dimensions: intrapersonally, interpersonally, transpersonally, and temporally. Expansion of intrapersonal boundaries involves a greater awareness of and comfort with one's own nature, philosophy, opinions, and values. Interpersonal boundaries influence interactions with others and with the physical world, while transpersonal boundaries relate to a sense of connection with a dimension beyond the here and now. Finally, expansion of temporal boundaries allows one to integrate past and future to make sense of the present, similar to Erikson's view of transcendence as looking back over one's life, reinterpreting events and experiences through a new lens (Erikson & Erikson, 1997).

Reed (2009) described self-transcendence as a gradual, non-linear process in response to awareness of vulnerability, resulting in increased well-being. Reed's theory of self-transcendence shares the view of transcendence as a developmental potential, inherent in late life. Like other developmental factors, conditions may support or interfere with cognitive, emotional, and spiritual development and the level of development varies among individuals depending on life experiences and resources (Newman & Newman, 2014). Reed's theory focuses not only on the

“above and beyond,” but also on connecting individuals to themselves, others, and the environment in the here and now (Reed, 2008).

The Theory of Self-transcendence (Reed, 2014) was selected to inform this study because Reed’s conceptualization of self-transcendence differs from traditional definitions which emphasize rising above or being apart from the environment. According to Reed, self-transcendence connects rather than “separates a person from self, others and the environment” (Reed, 2008, p. 106). Reed also suggested specific factors that might promote development of self-transcendence including altruism, generativity, introspection, spirituality, lifelong learning, group therapy, creativity, journaling, meditation, and sharing wisdom with others.

Self-Transcendence Research

A significant body of research has demonstrated relationships among self-transcendence and factors which have an important effect on older adults’ quality of life, regardless of chronic disease or functional limitations. Transcendence has consistently been associated with emotional well-being and quality of life (Bean & Wagner, 2006; Hoshi, 2008; Walsh, Lamet, & Lindgren, 2011), life satisfaction (Haugan, 2014), acceptance of life situations (Bickerstaff, Grasse, & McCabe, 2003), depression and acceptance (Ellermann & Reed, 2001), optimism, coping, social support (Matthews & Cook, 2009), successful aging (Author et al., 2010, 2011, 2013b), mental and physical health (Nygren, Jonsen, Gustafson, Norberg, & Lundman, 2005), and self-care (Upchurch & Mueller, 2005). Limited research, largely focused on psychotherapeutic interventions using a single modality, supports the idea that the development of self-transcendence can be promoted and that self-transcendence has a positive effect on indicators of well-being (Coward & Kahn, 2004; Coward & Kahn, 2005; Stinson & Kirk, 2006; Walsh et al., 2011).

In summary, self-transcendence involves moving beyond limitations imposed by time, culture, self, and others and overcoming weaknesses, fears, and dependency; moving beyond others' opinions or expectations, such as social conventions or a focus on others to the exclusion of self; and awareness of a need for a sense of unity with the self and the sacred or metaphysical (Erikson & Erikson, 1997; Maslow, 1969; Reed, 2008, 2009; Tornstam, 2005).

Conceptual Model of Self-transcendence

Author et al. (2013a) developed a conceptual model of self-transcendence that organized antecedents and essential attributes of self-transcendence identified through concept analysis into five logically related domains: creativity, relationships, introspection, contemplation, and spirituality. Within each of these domains, specific activities were selected as elements of the PATH Program which together were hypothesized to increase self-transcendence and indicators of well-being. The domain of creativity includes not only activities involving making or experiencing art, music, dance, and poetry, but also creativity in life-long learning or hobbies such as cooking or gardening which can lend a sense of purpose to life. Creative activities anticipated to increase self-transcendence included making art, movement and music. Research supports the notion that creativity and sense of purpose contribute to development of self-transcendence and well-being in older adults (Bickerstaff, Grasser, McCabe, 2003; Collie, Botorff, & Long, 2006; Flood & Phillips, 2007; Nygren et al., 2005). The domain labeled relationships involves exploring a sense of connectedness with others and reflecting on important relationships in the past, present, and future. Research suggests that self-transcendence may be increased by reminiscing and building trust, acceptance, and bonding within a group (Coward & Kahn, 2005; Stinson & Kirk, 2006).

Introspection involves looking within the self to discover aspects of the unique self often subsumed by social roles and expectations. Activities within this domain shown to be related to self-transcendence included mindfulness practices, journaling, and personal narratives (Collie, Bottorff, & Long, 2006; Vago & Silbersweig, 2012). The domain of contemplation considered the nature of the external world, looking at life and death, closeness to nature, and awareness of a cycle of life. Research supports the notion that a sense of closeness to nature, attitudes toward death, and awareness of mortality influence worldview and self-transcendence (Baldacchino & Draper, 2001; Hayes, 2014; Niemiec et al., 2010). Spirituality encompassed religious beliefs and practices as well as the broader aspect of each individual's understanding of the nature of the sacred or a higher level of consciousness. Substantial literature supports relationships between spirituality and transcendence with activities including reading and discussion, music, prayer, and mindfulness practices (Baldacchino & Draper, 2001; Haase, Britt, Coward, Kline-Leidy & Penn, 2007).

There is theoretical and empirical support for the hypothesis that activities associated with each of the individual domains are related to increased levels of self-transcendence and well-being. One assumption of the conceptual model was that individual domains overlap and interact (Author et al., 2013a). Thus, there is considerable overlap among activities within each of the domains. Because of this, the activities identified within the five domains were organized into three primary elements of the PATH Program: creative activities, group processes, and mindfulness activities.

Description of the PATH Program

The 8-week PATH Program was structured as 1.5 hour weekly group sessions reinforced by brief at-home practice each day. The at-home practice was used to reinforce the effects of the

group activities and perhaps instill habits which might be continued after the end of the PATH Program.

Specific activities within each of the three elements of the PATH Program included in weekly sessions were grouped into four primary elements: (a) group processes (focused discussion, reminiscing, personal narratives); (b) mindfulness practices (meditation focused on breathing and body scan, guided imagery, and inspirational music); (c) creative experiences (constructing reflection boxes and rainsticks, writing stories, poems, prayers or songs, journaling); and (d) independent at-home practice of activities learned in group sessions.

Structure and contents of weekly sessions. The first group session focused on introducing the PATH Program, building trust, establishing comfort with participating in the study, and allowing the group to begin bonding. The following five sessions focused on one of the five domains of self-transcendence: introspection, contemplation, relationships, creativity, and spirituality (Author et al., 2013a). There was little evidence available to support the order selected, thus the order was based on the principal investigator's understanding of the conceptual model. The final two sessions involved allowing the participants to process the end of the PATH Program together to reach closure, and to encourage continued practice of preferred at-home activities.

While each weekly session primarily focused on a specific domain of self-transcendence (Author et al., 2013a) every session was organized similarly, to include mindfulness practices, followed by group processes, a creative activity, and then instruction in a new at-home activity. A mindfulness exercise involved a breathing-focused mediation combined with a short guided imagery focused on the topic of the week.

Mindfulness was used for stress reduction (Vago & Silbersweig, 2012) and to enable participants to be actively engaged in an open and creative way (Alexander et al., 1989). Group discussion was initiated with open-ended questions related to the domain that was the focus of the week. Discussion was allowed to proceed without implicit direction by facilitators. Facilitators ensured all participants had an opportunity to speak if they wished and the group remained accepting and non-judgmental. It was emphasized that participants were welcome to respond to questions as much, or as little, as they wished and were not obligated to feel they needed to answer each question.

The general outline of creative projects were described but participants were told they were free to participate or not, and that what they chose to do was entirely open. Participants were also offered a wide variety of art and craft supplies and were encouraged to use them in whatever way they preferred. Each session ended with instruction on how to practice an activity independently at-home. Instructions were brief and simple and participants were reassured they did not have to do the activities the “right way.” While participants were asked to practice about 10 to 15 minutes daily it was emphasized they were free to practice as much or as little as they preferred and if they didn’t practice some days that was alright. After the second week participants always had a choice of activities so they could choose practice activities they preferred, could combine some activities, and practice as many activities as desired on any given day. While participants were given tracking records to document the types of activities selected and frequency of practices, collection was accepting of whatever level of practice the client chose. At-home practices included meditation focused on breathing, guided imagery CDs, inspirational readings, reminiscing, journaling, and music and motion using rainsticks.

Thus an important aspect of the PATH Program was that participants were encouraged to join discussions, share feelings, take on creative projects, or practice at home as much – or as little – as was comfortable to each individual. Rather than being directed through set, standardized activities, participants made personally meaningful choices from a wide range of options for readings, music, guided imagery CDs, art supplies, and journaling topics to individualize experiences in ways that seemed appropriate and useful to each participant.

Purpose and Research Questions

While the overall purpose of the study, as stated above, was to evaluate the PATH Program, three questions the study aimed to answer were:

1. What elements (group processes, mindfulness practices, creative experiences, and independent at-home practice) of the intervention were acceptable to and of interest to participants?
2. What meaning did participants assign to various elements of the intervention?
3. What benefits, if any, did participants report they experienced?

Methods

Design and Sample

This grounded theory pilot study assessed the PATH Program, investigating participants' insights and experiences obtained in a single post-intervention focus group. Process notes completed by group facilitators were also examined. Eleven community-dwelling older women participated in the 8-week PATH intervention and then met for a single focus group at a senior center two weeks following the final group session. The center provided recreational and health promotion activities for active, community-dwelling older adults. This sample was a subset of a larger convenience sample of men and women over age 60 recruited at a community senior

center in a moderate-income, urban neighborhood (Author et al., 2014). Participants in the intervention group described here were randomly selected from the larger convenience sample and assigned to a single intervention group. By chance only women were randomly selected for the intervention group and participated in this study ($N = 11$). Group size, 8 to 10 participants, was based on optimal size for similar psychotherapy groups (Brown, 2004). Participation was limited to cognitively intact adults aged 60 years or older with no diagnosis of a life-threatening disease, more than one hospitalization, or significant loss in the past six months. Participants meeting inclusion criteria were screened for dementia using the Mini-Cog Dementia Test (Borson, Scanlan, Chen, & Ganguli, 2003) following written informed consent.

Interview Guide

Interview Guide

Based on the research questions above, a semi-structured interview guide was developed to draw out the participants' experiences with elements of the intervention and to give them an opportunity to provide feedback about the meaning and value of the intervention to them. Particular activities, topics, and processes that were meaningful for group members who participated in the intervention were elicited during the focus group. Conversely, elements that were viewed as not useful were also solicited through interview questions. The table below displays the interview guide, including dimensions assessed and core questions and probes for each dimension.

Table 1

Focus Group Interview Guide

Focus	Core Questions	Probes
General experience in the group and effectiveness of the	1. What was your experience in the group? 2. How would you assess	To what extent did you attend and participate in every group? How did you relate to other members of the group?

intervention	the level of your participation and commitment?	What barriers or challenges did you experience in working as part of this group? What was your level of comfort in exchanging personal or sensitive information about your experiences and feelings with other members of the group?
Experience of specific activities	3. Which of the activities did you find most helpful?	What were your feelings about specific components of the experience, e.g. journaling, music, poetry, meditation, etc.
Effectiveness in enhancing self-transcendence	4. To what extent did you feel that the intervention facilitated change or enhanced your sense of self-transcendence?	Did you come away with a different perspective on anything? What? Did you feel closer to the sacred, to other people or more centered as a person? Which specific activities contributed most to any perception of change in your sense of self-transcendence? Which specific activities contributed least to change in your perspective? How do you account for this?
Effectiveness in enhancing dimensions of well-being.	5. To what extent has your participation in the group enhanced your sense of wellbeing?	How did participation in this group affect you: Sense of wellbeing Satisfaction with life Acceptance of your life situation Coping with your aging; Experience of depression?
Perspective on self-transcendence	6. How has your perspective on the notion of self-transcendence changed over the course of this experience?	To what extent are you more consciously aware of this concept?
Modifying the intervention	7. Were there things you would suggest we change to make the group more helpful for others?	Can you identify places that the facilitators might have done something different? How did the sessions flow or not flow for you? Would you add more sessions or shorten the group? Do you feel that the group members respected each other? Were outside assignments helpful? Was the number and selection of outside assignments appropriate?

In addition to data from a focus group, throughout the course of the intervention unstructured process notes were maintained by facilitators, consisting of observations and interpretations of group members' statements, behaviors, or manner and facilitators' ideas or questions that occurred during or shortly after each group session. Weekly project team meetings with the principal investigator (lead facilitator), co-facilitator, consultant, and research assistant were held to discuss ideas, questions, and concerns identified in process notes that were relevant to the development of the intervention.

Procedure

Subsequent to Institutional Review Board approval, flyers were distributed at the senior center and the investigators attended regularly scheduled events at the senior center to recruit a convenience sample. Following explanation of the study and an opportunity for participants to ask questions, informed written consent was obtained. Screening was conducted to assess eligibility (sensory and literacy function and history of hospitalizations, terminal diagnoses, or significant loss). Demographic data (age, sex, race, ethnicity, marital status, income, and education) were collected via self-report. The focus group was conducted two weeks after the intervention concluded and was facilitated by a consultant who was not previously known to the participants; other team members were not present.

Data Analysis

Process notes prepared by facilitators in a weekly reflection, weekly project team meeting notes written by the consultant, and an audio recording of the focus group were independently analyzed and coded by the consultant and PI. An *a priori*, content oriented theme was used to guide the process of content analysis (Lofland & Lofland, 1995). In a first round coding procedure, *in vivo* codes were identified (Charmaz, 2006). The aim of *in vivo* coding is to stay as

close to the expressed words and action of the reported experiences as possible. Examples of *in vivo* codes included experiences such as: confusion, valuing the precious present, acceptance, growth, and resource sharing. These initial *in vivo* codes were clustered into larger categories or themes such as: personal experiences and interpersonal or group processes. Upon meeting to discuss the results of the independent coding procedures there was already substantial agreement on the initial codes and major categories emerging from the analysis. Interrelationships among the categories were identified and categories were examined for relevancy. For instance, some group activities emerged as more salient and these were included in the findings while other activities were not mentioned. Eventually codes deemed irrelevant to the development of the intervention were discarded. Coding structures were also reviewed by members of the project team including the co-facilitator and research assistant to assure that all experiences and observations about the intervention were contained in the emerging categories. An initial draft of the results and discussion sections of this manuscript was sent to the project team for further feedback about the accuracy of the reporting, and the credibility of the conclusions drawn from the data was upheld. Credibility of the results was also confirmed using member checking with three members of the intervention group.

Results

Description of the Sample

The mean age of the women was 68 (SD = 8.99) (range from age 60 to 91). Nine of the 11 participants were white and all were non-Hispanic. Six participants lived alone and five were married or partnered. All but one reported at least adequate income. All had at least a high school education and two had college degrees. One participant had significant visual and mobility limitations and was living in a long-term sheltered residence for women with disabilities.

All 11 participants completed the 8-week PATH Program. One participant missed three of the five sessions because she moved out-of-state but returned explicitly to attend the final sessions and the focus group. Despite this absence, the participant's engagement remained high and her return was welcomed by the group. No other participant missed more than a single session.

Assessment of the PATH Program

The research questions focused on the elements of the intervention: group processes, mindfulness practices, creative experiences, and independent at-home activities, asking if these elements were acceptable and interesting (Question 1), what meaning participants assigned to various elements (Question 2), and what benefits participants reported they experienced (Question 3). Each of these questions was addressed in the following discussion of the individual elements of the PATH Program intervention.

Mindfulness practices. Mindfulness practices were used in group sessions and for practice at home between sessions. After a breath-focused meditation and guided imagery were introduced in the group, participants asked the leaders to open each session with a group meditation. One member said, "*Starting with quiet time, it puts you in a relaxed state,*" and afterward, "*I feel more open and willing to share.*" Strategies such as progressive relaxation, introduced as deep breathing and relaxation, and guided imagery which focused on the topic covered each week, were employed. Two participants noted that simple things encouraged as part of the guided imagery such as "*taking time to relax*" and "*breathing in good and breathing out bad*" were helpful. Several women reported that the meditation exercises in the group and use of meditation CDs at home lowered their stress levels. Three noted the value of living in the moment or embracing the "*precious present.*" There was discussion about the importance of

having multiple meditation CDs available to try out at home. Participants shared their critique of the effectiveness of these resources with each other during the group sessions.

Group processes. Experiences which arose from the group process were discussed by several participants in the focus group. The women commented on the opportunity to take time out for themselves and on the unique nature of the relationships that developed in the group. All agreed the level of trust, acceptance, and sharing was quite different from any other form of social contact and that this bonding developed very early in the group. The women were asked to identify topics discussed during the eight sessions that were of value to them. Interestingly, the topics of spirituality, transitions/changes, and transcendence were named specifically during the focus group.

Relationships. Some participants reported that the group was “*a blessing*,” and came at a time when they felt stressed and could most benefit from talking with others. One person noted the non-judgmental atmosphere of the group sessions: “*There’s acceptance here that I don’t feel in other places.*” Some participants acknowledged that while they knew each other from various activities at the senior center they felt the group provided a unique outlet for sharing personal challenges. A quote that captured this feeling was, “*I share more here with you than I do at volleyball or exercise, even though we know each other there. I don’t share there.*” Respecting confidentiality and being accepted was also identified by several women as facilitating an atmosphere where sharing could occur.

All of the women stated that it was the process of sharing with each other that was the most powerful part of the group experience. One woman exemplified this by saying, “*No specific activity or day or conversation was helpful but relationships among the women themselves were helpful.*” Another woman said that she liked the accountability of coming back to share with

others “*what you did on your own.*” One woman identified the importance of women sharing support in order to enhance resilience rather than “*just sitting at home with the door closed.*”

As has been noted previously, only women were randomly assigned to the sample. Participants felt that having only women in the group made the bonding process and developing comfort with sharing feelings easier. The implications of having only women in the group were explored in the focus group. A participant explained, “*A lot that was expressed in group discussions – good and bad – had to do with men. It wouldn’t have been easy to talk about that if there were men here.*” Another participant said, “*We would not open up and talk the same if the group included both women and men. We would not express ourselves the same.*” Some bias was revealed in statements such as, “*Men don’t have the same compassion [as women] and don’t talk about feelings.*” The oldest participant declared, “*My husband – we’ve been married 64 years - thinks a lot of things women do are just silly!*”

Feedback from the group suggested that being women with shared life experiences and social roles was important to participants’ sense of acceptance and trust in the group. It is remarkable that the women felt they had no real opportunities for sharing personally with other women. One participant stated, “*For women in this group, personal sharing seemed synonymous with personal development.*”

Self-care. Self-care includes any activity undertaken by a person to diminish the risk of disease or to restore health (World Health Organization, 1983) or intentional actions to benefit one’s own physical, mental and emotional health (American Holistic Nurses Association, 2014). Many of the comments made during the focus group concerned increasing women’s opportunities for self-care that occurred during the group. Participants saw the group as a “*chance to take care of ourselves.*” One person said that she now, “*holds onto my life as*

important” after participating in the group. Another said she, “*hadn’t thought about taking time for myself before,*” noting “*We all agreed we don’t usually take 15 minutes or a half hour to just be us, to think about ourselves instead of everybody else.*” Support for addressing mental health issues was also noted during the focus group. One participant said, “*Many of the women here don’t have a group in which to do emotional processing.*” By this she meant processing life experiences such as trauma, grief and loss, and problematic relationships with family members. One participant who identified a toxic relationship with an emotionally abusive parent reported that the group empowered her to reject her mother’s assessment of her and come to a place of self-acceptance.

Spirituality. In the focus group, participants stated they recognized and appreciated that group members came from different religious backgrounds but all shared some universal aspects of spirituality. In a discussion of good and evil, a few participants noted the importance of staying positive and “*believing in goodness*” in spite of violence in the world – not letting evil overtake the good. Forgiveness was also a focus of discussion; one participant, reflecting on forgiveness, said, “*The group discussion made me really think about what I believed. I thought about when there was a shooting of school children and an Amish family forgave the shooter – it made me believe good will overcome evil.*”

Many of the poems and images shared during the group and compiled into a “Memory Book” at the end of the group were also spiritual in nature. Several women wrote poems about God’s love or presence in their lives. For example, one wrote, “*After pondering over some of our talks on spirituality, I thought how I might learn from the butterfly (to migrate to the right place). If I could just put my faith in a higher power, I would land right where I need to be at this time in my life.*” One participant recalled a particular reading that at first, “*seemed so simple but the real*

meaning was about death and it made death not so scary... I will share it with my sister because we lost our brother last year.” Another said a reminiscence exercise provided support when she was *“grieving my daughter’s [cancer] diagnosis and made me look at myself and things differently. It helped me deal with my own illness too.”* Two participants enjoyed talking about genealogy and shared feelings about *“where I came from”* and the generations that will come after them, especially grandchildren.

Transitions. The women also identified life transitions/changes as an important topic. One woman named transitions/changes as *transcendence* which she defined as a growing recognition that life, especially at retirement, involves moving into a new phase of life. *“Your whole life you are changing and trying to transcend into something good. . . Whatever spot you are in, you have the ability to contribute – to affect other people and just continue to grow.”* Some saw the group as an opportunity for personal growth. Two women decided to make significant career changes during the group. Some reported that entering new phases of life with new life and possibilities ahead was an important antidote to *“being all washed up, as a senior.”* Another spoke of letting go of control, *“I feel like I’m a leaf blowing around, just going to whatever is next. I’m not interested in accomplishing something, just being.”* A quote that captures the focus on personal growth is that [the group] *“puts you in touch with yourself – who you are, who you want to be, where you are, and where you want to go.”*

Creative activities. Several participants reported that in general the creative activities helped them to open up and relax. One noted, *“Some activities, like the reflection boxes, were leading up to more things later. Making the box wasn’t much but the way it turned out was.”* Ten of the eleven women agreed that the creative activities provided a potent route for facilitating connections, enjoyment, and relaxation.

Reflection box activity. During the first group session shoe-box sized boxes were decorated by each participant to serve as repositories for favored readings, poems, photographs, CDs, and other resources that were selected or created during the sessions. While some participants in the focus group said they were skeptical initially about the value of “a cardboard box,” almost everyone reported that the box became meaningful as the sessions progressed. Most participants ($n = 11$) identified the activity of making the reflection box during the first group session as instrumental in bringing the group together and developing trust and a sense of acceptance. Several members noted how decorating the boxes got us laughing “*like a bunch of 6-year-olds*” [and] “*if you laugh with somebody it is easier to be open and talk with them.*” One participant said, “*As I looked around the room everyone else colored their boxes pink or blue but mine was lime green! But it didn’t matter, because whatever we did with our boxes, they were ours and that was OK. It felt like we could be accepted like we were.*”

Other creative activities. One participant commented that designing a cover for a personal journal made the journal less intimidating and more “*her own*” and another said that creating rainsticks was a source of much laughter, remarking on how each rainstick was very different, even though all were long, hollow tubes filled with rice. One participant also commented that the variation in sounds made as the rainsticks were moved was different depending on how fast or slowly each participant moved, but that the sounds all blended into “*a harmony or song we made together.*”

At-home practices. Participants were asked to practice activities at-home for 10 to 15 minutes daily, selecting which activities they would like to practice. The Reflection Box activity involved contemplating a brief reading, photo, or memento while attending to thoughts and feelings, then placing the item in the box as a keepsake and recognition of its value. One

participant stated that as she added items to her box and thought about the memories they brought to mind she experienced resolution to a longstanding family issue: *“I wrote a poem I put in the box and I kept taking it out and looking at it. For the first time ever I said how I felt about problems with my family, it changed how I feel about me, no matter what my family says.”* Later the box became a repository *“you could treasure.”* The oldest participant wrote, *“I put things in my reflection box where I know they will last. The good I want to last forever; the bad I want to pass.”* In contrast to this, one participant reported that her box was currently *“buried”* in her closet. She said that she enjoyed the women in the group, but not the creative activities.

Other at-home activities reported as meaningful included using the rainsticks and journaling. One woman who *“left the reflection box in my closet”* did find the rainstick a useful accompaniment to meditation. Another said she took her reflection box and rainstick with her when she went on a trip because they were so meaningful to her. However, two of the women commented that they did not understand the usefulness of the rainsticks.

One participant noted that journaling was useful for her in opening up and expressing herself without judgment. She said, *“You knew it was just you and your thoughts; not trying to please anybody, just learning to be you.”* The journals were filled with pages containing open-ended questions on each page and included a section of entirely blank pages the participant could choose to fill in whatever way seemed desirable. A single woman was disturbed by one of the open-ended questions, saying, *“If I answered the question you would think something was wrong with me because I am still grieving so many years after my husband died.”* Two other women agreed that having some questions to respond to, *“helped me get started”* and *“was a lot better than facing a blank page and trying to think what to write”*.

One woman noted that there was no pressure to do the exercises or “*homework*” and that the exposure to a variety of different activities was helpful. She valued getting to choose what she wanted to do. Another woman suggested the possibility of having a range of activities offered simultaneously rather than introducing one activity at a time.

Five of the 11 women reported they intended to continue the Reflection Box activity after the study ended and nine said they planned to continue beyond the end of the study with some form of mindfulness practice like “[breath-focused] *meditation*” and “*listening to meditation CDs or music.*” One woman said she would continue creating rhythmic sound and motion using her rainstick. Two women reported writing in their journals was very meaningful and they intended to continue writing or journaling after the study ended.

Discussion

The results of the focus group were used to gain insight into participants’ experiences of the intervention and their perceptions of the effects of various components of the intervention to refine and strengthen the PATH Program. The group processes were the most significant element of the intervention. The level of intimacy within the group was qualitatively different from casual social contacts at the senior center and provided a unique opportunity for participants to share and process life experiences such as trauma, grief and loss, problematic relationships, and life transitions. This openness and trust allowed discussion of spirituality as a broad, universal concept beyond individual religious beliefs and practices.

Both mindfulness practices and creative activities played an important role in promoting bonding within the group and prompting participants to feel connected and accepted. Meditation focusing on breathing and/or guided imagery was not only acceptable, but also helpful in shifting from everyday concerns to a unique level of intimacy. Regarding creative activities, the variety

and selection of options was sufficient for all participants to find activities that were acceptable, meaningful, and useful; the freedom to select among multiple options helped to validate a sense of acceptance of individual differences and preferences. Finally, at-home activities were found to be acceptable and useful to the women. Each of these findings is discussed below.

Group Processes

As in many peer support groups, the sense of connection, belonging, and acceptance in the group that participants experienced was identified as a powerful element of the PATH Program. It was important that facilitators laid the groundwork by explaining the need for confidentiality and acceptance and the right of each participant to decide just how much or how little private information or feelings were shared. The willingness of one or two women to disclose somewhat private information about themselves at the first session and the acceptance they received also seemed to give permission for a deeper level of communication.

The level of intimacy within the group was described by the women as unique and different from casual social contacts at the senior center. The women also remarked that some topics were easier to discuss in the more neutral setting instead of with family members. Anecdotal evidence suggests that senior centers may not offer programs that actively foster self-disclosure and personal sharing among participants. Yet, Larson and colleagues (1986) found that having friends was more important for a sense of subjective well-being than family relationships. They proposed that by providing positive feedback, openness, and reciprocity, friendships helped older adults transcend life challenges. Participants in this group, while acknowledging themselves as having diverse concerns and life circumstance, were able to develop personal relationships with each other. This is important since potential settings for

conducting the PATH Program, such as senior centers and other activity-oriented venues, often bring together those with disparate personal histories.

As the group became more cohesive, the question of whether to focus on psycho-educational discussion or emotional concerns emerged. Briefly, there appeared to be strain among some participants about whether the group would focus on relaxation, enjoyment, and personal growth and development, or would instead use it as an opportunity for processing powerful emotions. One facilitator observed that a participant said she did not want to talk only about “*sad things*.” At some points, the level of sharing was not very different from pleasant social conversation while at others it was more intense. It is notable that the women’s emotional concerns and perhaps their motivations for being in the group varied widely. Several women identified they were facing retirement decisions, grief over the death of a loved one, issues with caregiving, and coping with earlier traumatic experiences. Thus, the facilitators wrestled with the question of how much self-disclosure to support during the sessions. Clearly, the intervention group had mixed feelings about processing personal struggles.

This dilemma helped the project team clarify that the focus of the group process elements of the intervention was to introduce the women to concepts and activities which could stimulate their own personal development of self-transcendence and related positive outcomes, rather than to serve as a psychotherapy group. It also helped identify that emotional processing needed to take a back seat to psycho-education components while still allowing sharing and acceptance of the women’s personal struggles. Future intervention groups will use more structured discussion with time for personal connecting built in as an informal part of the creative activities. Discussion topics in the future will be more focused and use semi-structured questions related to the topic for each week. Although still open-ended, it was decided that the intent of the group

discussions is to provide a level of intimacy and emotion deeper than a typical social contact but less intense than expression of deep personal traumas more appropriate for a psychotherapy group.

Group discussion topics. In addition to the relationships and bonding within the group discussed above, responses to three discussion topics were revealing.

Self-care. The women reported they had often been caregivers and taught to focus on others' needs rather than attend to their own. They remarked on the value of the PATH Program in providing permission and stimulus for their self-care, defined by the World Health Organization (1983) as activities undertaken by a person to diminish the risk of disease or to restore health. Remarkably, many self-care activities listed by the World Health Organization are part of the protocol in this study (e.g. journaling, creative expression, and meditation). Likewise, research points to a correlation between higher levels of self-care and higher levels of self-transcendence (Upchurch & Mueller, 2005). Given the acknowledged focus of older women in this study on caring for others and neglecting self, the concept of self-care emerged as a compelling outcome. Intervention modifications will be made to actively boost the development of self-care.

Spirituality. Spirituality was a concept that bridged both meditation and group processes. In the theory that underlies the intervention, spirituality was defined broadly and intended to be inclusive of all religions as well as agnosticism and atheism. For the great majority of the population of older adults attending this senior center and participating in the PATH Program, religious beliefs and practices were their primary expressions of spirituality. All participants were Christian; the majority was Catholic. Each saw a deity and belief in an afterlife as an integral part of their spirituality.

In the session that focused on spirituality, there was a clearly stated toleration of group members' different religious beliefs, reinforced by early facilitator intervention. Thus, a norm of "we are not here to judge" was established. The session was introduced with a discussion of the broad definition of spirituality, an explanation of the close relationship between spirituality and religion, and a caution that each participant had a right to her own individual spiritual and religious beliefs which would be respected in the group. The facilitator asked that any debate or judgments about variations in religious beliefs or practices be avoided and that the discussion should focus on the broader view of spirituality. Notwithstanding the research team's initial concern about how to foster respect for diverse religious beliefs and practices, group members were respectful and tolerant of differences in beliefs and opinions after an initial reminder. In the future, it will be important to continue to address these concerns openly and be aware of the sensitive nature of the topic.

Transitions. When the topic of self-transcendence was introduced in the focus group, the concept was related to life transitions by most of the group. Developmentally, late life is commonly seen as a time of transitioning into pending old age, chronic disease, and loss of independence. Surprisingly the participants spoke little about those issues and instead saw this stage of their lives as an opportunity for personal growth and moving into a new phase of life. One participant expressed awareness of a sense of letting go and giving up control. There was concern for finding ways to continue to contribute or have some sense of purpose in life. Surprisingly, the two participants who continued to be employed both decided to make major career changes during the intervention; one decided to retire to spend more time with her husband who was in poor health and the other shifted from full-time to part-time so as to have time for creative pursuits.

Mindfulness Practices

The use of meditation and guided imagery was an important element in the intervention despite initial concerns about its acceptability. While the team anticipated the possibility of resistance to the introduction of meditation, the techniques were included because of substantial support for the effectiveness of meditation and similar mindfulness techniques (e.g., Hasenkamp & Barsalou, 2012; Holzel et al., 2010; Levy, Wobbrock, Kaszniak, & Ostergren, 2012; Moyer et al., 2011; Walsh et al., 2011). Because of this concern, however, the introduction of meditation was delayed until midway through the intervention and was initially presented as a deep breathing and relaxation exercise. Meditation, including body scan and guided imagery turned out to be a favorite element of the intervention and participants asked that it be included each week. As a result, part way through the 8-week period, facilitators began opening each session with a meditation using guided imagery focused loosely on each week's topic. For instance when the topic of forgiveness and "letting go" was discussed, a guided imagery of "breathing in good and breathing out bad" was used, combined with a breath-focused meditation.

The facilitators were also unsure about the women's responses when they selected meditative music and meditation CDs to use at home, since most of the CDs used the word *meditation* in the title. The women, however, indicated although many older adults were not familiar with mindfulness practices and there had been limited opportunities to learn about them, the women's only concern was finding a CD they liked; one CD with bird sounds was not acceptable, and the facilitators quickly found new ones.

Creative Experiences

Creativity was defined broadly as any form of self-expression including music, movement, creating art, and writing poems, prayers, or stories, and journaling. Permission to

explore and choose among multiple creative options was identified as important. They reported that the freedom to choose their own level of participation (both in and out of group) was valuable. Moreover, in the first session while establishing trust and developing rapport was the primary goal, a creative activity – decorating reflection boxes – effectively encouraged the women to interact and get to know one other and to establish a relaxed, informal, and accepting atmosphere. Making the reflection boxes also developed further meaning over time and became one of participants' favorite creative activities. A final element of the intervention that involved creativity – and also contributed to the aspect of introspection – was the journals participants created, then filled with both blank pages and pages headed by open-ended questions designed to prompt writing without the anxiety often attached to a blank page that is 'supposed' to be filled. One woman found some questions prompted her to a deeper emotional level than was comfortable and she found answering threatening. With this insight, questions will be revised to gradually increase their depth and sensitivity. The introduction to the journaling activity will also be more thorough and sensitive to ways in which questions might be interpreted.

Journaling also illustrated the need to adapt some elements of the intervention to the women's individual needs and limitations. It was helpful that one woman with limitations in vision, hearing, literacy, and mobility was assigned to the intervention group, as planning ways to accommodate these types of needs was integral to development of the intervention. On the whole, the accommodations were effective. With the help of a research assistant, this woman completed almost all elements of the intervention and gave no indication of frustration or feeling left out. An exception to this was writing in journals. In the future, small digital recorders will be made available to allow participants with limitations to record journal entries and poems, prayers, or stories.

Independent Practice at Home

Participants' response to the request that they practice study activities at home was, as anticipated, somewhat tepid at first. After the first two sessions participants became more receptive, perhaps because the method of instruction was simplified and streamlined and also because after two or three activities had been introduced there was more opportunity to select activities of interest to the individual participant. Overall, the idea of practicing study activities at home was successful, with all participants reporting practicing at least several days a week and several stating they intended to continue practicing after the study ended.

Modifications of the PATH Program

To summarize, the goal of identifying elements of the PATH Program was accomplished, using qualitative results to evaluate the acceptability and level of interest in the elements of the PATH Program, to explore what meaning the elements had for participants, and to identify possible benefits to the women. Results demonstrated that most study activities were acceptable and interesting, as well as meaningful, according to participants. It was also evident from participants' responses that they benefitted in multiple ways, in particular improved self-care and feelings of personal growth. The level of intimacy which was appropriate for a psychoeducational group process was clarified and methods to establish group trust and promoting bonding within the group were effective. After finding an unexpected openness to mindfulness practices such as breath-focused meditation and guided imagery early in the study, these practices were added to later sessions at the request of participants and will be developed more fully for future use. Experience with a series of creative activities allowed for effective techniques that will enable projects to be completed within the available time period more reliably in future. While the importance of spirituality was anticipated, the findings on self-care

and transitions were not expected and discussion questions will be adapted slightly to allow sufficient time for these topic. Finally, at-home activities were simplified and instructions were revised for clarity and brevity as a result of the findings of this study.

Limitations and Future Studies

The present study involved a small sample limited to community-dwelling older women attending a single senior center. As is true in any qualitative research, the experiences reported here are likely unique to a small group of people. The small sample also precluded statistical analysis to evaluate whether specific elements of the intervention were more effective than other elements. Future research is needed with a larger sample with sufficient power to identify significant quantitative effects of the PATH Program and to examine associations between specific elements and outcomes of the intervention. Additional qualitative data should also be obtained using audiovisual recordings to enable data to be attributed to specific participants (using fictitious names).

Ultimately the PATH program is intended to benefit all older adults with the physical and cognitive abilities to participate. It is expected the intervention might be affordable and accessible to older adults in multiple settings. One advantage of the intervention is that it is possible to adapt the PATH Program to other populations, including men, older adults in other settings, late-midlife adults and varied cultural and minority groups, by selecting appropriate readings, music, and discussion questions. At this early stage in the development of the PATH Program, our intent was to evaluate an initial version of the Program in a small pilot study. The findings of this study support future research to determine the effectiveness of the PATH Program and the specific mechanisms by which effects occur.

Implications

The Psychoeducational Approach to Transcendence and Health (PATH) Program is an intervention for older adults that was assessed using feedback from group participants and facilitators. Initial feedback was meaningful to the community-dwelling older women who participated in this study and results indicate that further development is warranted. Subsequent to this pilot study, the research team revised the PATH Program, based on participants' experiences of the intervention and their perceptions of the effects of various components of the intervention, as well as on insights gained by facilitators. Interventions that support the potential for further development throughout the lifespan challenge the ageist misperception that older adults are merely waiting to die. The self-transcendence intervention discussed here empowers people to attend to self-care, build friendships, and learn new skills connected with health and well-being. Interventions that foster self-transcendence could be a potent force for increasing well-being and quality of life for older adults. The PATH Program provides a much needed opportunity to revisit roadblocks to healing, wholeness, and personal growth while focusing on developing new skills and broadened views of self, others, the nature of this world and of a dimension beyond the here and now.

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