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The relationship of self-transcendence, spirituality, and hope to positive personal death perspectives in healthy older adults

Britt, Teresa Lee, M.S.
The University of Arizona, 1989

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THE RELATIONSHIP OF
SELF-TRANSCENDENCE, SPIRITUALITY, AND
HOPE TO POSITIVE PERSONAL DEATH PERSPECTIVES
IN HEALTHY OLDER ADULTS

by
Teresa Britt

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A Thesis Submitted to the Faculty of the
COLLEGE OF NURSING
In Partial Fulfillment of the Requirements
For the Degree of
MASTER OF SCIENCE
In the Graduate College
THE UNIVERSITY OF ARIZONA

1989
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Pamela Reed
Associate Professor of Nursing
DEDICATION

This study is dedicated to my beloved best friend,

Chet Britt.
ACKNOWLEDGEMENTS

I would like to express my warm appreciation to the members of my committee. To Dr. Pamela Reed, may she reap the harvest of all the seeds of patience, inspiration, and scholarliness she has sown. To Dr. Jessie Pergrin, may she comprehend to some measure the benefit her service has brought to our profession. And to Dr. Nancy Kline Leidy, may her leadership and excellence continue to motivate others as well as herself.

My sincere thanks to the El Con Mall-Walkers whose spirit of enthusiastic sharing brought much human joy and sorrow to this project.

My gratitude to the Beta Mu chapter of Sigma Theta Tau for supporting me in this venture.

I treasure the unconditional friendship of Christy Wyles and John Awalt. Their constant support has given me fresh perspective and insight.

And most of all, a very special thanks to my husband, Chet, whose enduring strength, love, and gentleness have been a haven of peace and renewal to me. Thank you.
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ABSTRACT
The lifespan developmental framework views aging as a time of continued personal change and development. Death is perhaps the most salient developmental challenge older persons face. The relationship of self-transcendence, spirituality, and hope to personal death perspectives was the focus of this research. A descriptive correlational approach was used to study the relationships between these variables. Interviews were conducted with forty healthy adults aged sixty-five and older. Findings revealed that self-transcendence and spirituality were significantly correlated with positive death perspectives in this sample. Findings also revealed significant relationships between age and death perspectives, gender and self-transcendence, and gender and spirituality. No significant relationships were found between hope and death perspectives and hopelessness and death perspectives.
CHAPTER I
INTRODUCTION

Reaching old age is a relatively new phenomena that is occurring in unprecedented numbers in the United States. Much remains to be discovered about the unique strengths and challenges of the elderly. The focus of this research is to examine developmental aspects of aging including the use of spirituality and hope in facing death. Acquisition of such knowledge is essential for providing adequate and appropriately targeted support for the fastest growing segment of our population.

This newly expanding horizon of old age has provided a challenge for developmental theory. Developmental theory has addressed the specific issues facing older adults (Erikson, 1950) and the trade-offs of older adulthood (Reed, 1983). Facing one's own mortality is a specific issue elderly individuals must integrate into their life view. This integration may be facilitated by new strengths gained in older adulthood that have replaced former capabilities no longer available or relevant in one's life situation.

Emerging strengths frequently include the use of spiritually oriented resources and other vehicles for reaching beyond one's finite physical being when faced with mortality. The issue of one's own mortality
frequently leads to increased thinking about death and a more formalized perspective toward death. Self-transcendence, spirituality, and hope may contribute to positive perspectives toward death.

Nurses must learn more relative to old age as a time for potential development and self-transcendence. It is posited that such knowledge can ultimately be used to expand the spectrum and quality of nursing care for the elderly.

Statement of the Problem

Increasing numbers of elderly people are facing developmental issues that past generations did not live long enough to perceive. It is estimated that in the United States only 40% of the population 65 years old and older in 1980 would have been in the elderly age group ten years earlier (U.S. Bureau of the Census, 1984). In addition, the elderly population is itself growing older. Those 85 and older are an increasing proportion of the aged population (Suzman and Riley, 1985). This "oldest-old" age group is projected to make up more than 25% of the population by the middle of the next century (Myers, 1987). Health concerns of the elderly have shifted from communicable infections and acute illness to degenerative diseases, functional
disabilities, and chronic non-life-threatening conditions (Committee on an Aging Society, 1985). Thus, some of the energy that in the past was spent on meeting basic human needs must now be directed toward addressing the philosophical and developmental issues posed by such conditions. Nurses who specialize in gerontology are faced with the challenge of facilitating development in this unique cohort.

Old age, like other phases of life, is characterized by losses and gains unique to this time in development (Reed, 1983). Facing loss, including death, is a major developmental task of older adulthood. Daily reminders of loss become increasingly salient in old age. Examples may include loss of hearing, short term memory, and social contacts. However, losses are accompanied by new gains. For example, older adults may be better equipped to deal productively with the losses than other age groups. It is thought that older adults have a strong capacity for abstraction and wisdom (Reed, 1983). Thus, elderly individuals may possess the ability to make loss meaningful and may utilize this same strategy when dealing with the most personal of losses, death.

The ultimate physical limitation is mortality. Integrating the certainty of death into one's life view is a major developmental issue in later life. Awareness of death changes with age. Age is traditionally measured
by a person's past trajectory rather than by a focus on future potentials (Goodman, 1981). In midlife, however, the person may shift his or her view of life from time-since-birth to time-left-until-death (Colarusso & Nemiroff, 1981; Neugarten, 1968). As Avery Weisman (1972) phrased it, "Human values seem to be enhanced when we become aware that death always surrounds us, like the shadow illuminates the substance." Thus, perceptions of life and death may alter and be altered by the integration of mortality into one's self understanding. Moreover, the reflection on one's own mortality is a key issue associated with personal integrity (Erikson, 1963).

Death can be conceptualized in two ways. It can be thought of either as an enemy to be avoided, a punishment, an end to aging or illness or as a continuation of the life process, perhaps with philosophical or religious meanings (Lifton, 1979; Reed, 1986). A greater understanding of death and its meaning to elderly individuals may occur by recognizing the spectrum of viewpoints between the more closed and negative view of death and the more open view of death which includes opportunities for personal growth through death.

Being aware of that which exceeds physical boundaries is known as transcendence. It may be a source of meaning and value in life (Reed, 1982). Utilizing
self-transcendence to overcome physical limitations may represent a healthy way of adjusting to changes associated with aging and acquiring a positive perspective of one's death.

Psychosocial behaviors by which one reaches outward to others (e.g. to help, to receive help, to share wisdom) and reaches inward into oneself (e.g. for self-contemplation, life-review) are major examples of self-transcendence in later adulthood. These behaviors represent interpersonal and intrapersonal means of transcending excessive self-absorption that is possible in later life as disability and death become reality. These behaviors, then, represent a resource of later adulthood that may be useful in integrating the "limitations" posed by the inevitability of death (Reed, 1988).

Spirituality is often utilized by older adults in transcending death and integrating it into the scheme of life (Hungelmann, et al, 1985; Ruffing-Rahal, 1984). Spirituality can give meaning and stability in a time of marked change. Religious involvement has been positively and significantly correlated with happiness and adjustment in life (Hunsberger, 1985). Kollar (1985) describes the spirituality of aging as accepting the "best" there is at every phase of life provided that the "best" is an indicator of being ultimately transformed.
Thus, spirituality may be a vehicle for transcending negative interpretations of death.

One hallmark of spirituality is hope (Ruffing-Rahal, 1984). Hope ties the past to the future. Hopefulness is thought to be a response modifier, helping people to accept unfortunate circumstances and playing a role in maintaining health (Hinds, 1988).

Providing hope and caring for the spiritual aspect of the individual and assisting individuals to meet their developmental tasks have been among the traditional intentions of nursing. However, these intentions have not been well researched or implemented. Kennison (1987) attributes this lack of nursing involvement in the spiritual realm to inadequate understanding of the nature and effects of faith on health. It is important that nurses continue studying the potential significance of self-transcendence, spirituality, and hope in development of positive perspectives toward death.

Purpose:

The purpose of this study is to examine self-transcendence, spirituality, and hope in relation to death perspectives in healthy older adults. The long term goal is to contribute to knowledge of these variables relative to death perspectives for utilization in gerontological nursing education and practice.
Conceptual Framework

This study is based on a lifespan developmental framework of aging. This framework emphasizes development as an ongoing process throughout life and including death. Development is characterized by a pattern of change that is advantageous for the living system and a process of transformation as opposed to deterioration (Reed, 1983).

Late adulthood, like other developmental phases, is not simply a process of continual improvement leading to increasing perfection. Instead, development involves a series of trade-offs by which new capabilities replace those no longer relevant to one's life situation (Reed, 1983). The transitions between youth and old age involve leaving one way of living and perceiving the world and accepting others in a continual pattern of developmental exchanges (Kollar, 1985). It follows, then that older adulthood is characterized by strengths and insights that have replaced those needed in former phases. Examples of strengths relevant to older adulthood include wisdom and stability (Erikson, 1963; Reed, 1983).

Martha Rogers (1970) conceptualizes the human life process as a developmental phenomenon. Progressive, innovative change is inherent and evolutionary, stemming from a dynamic, rhythmic interaction between the human "energy field" and the environmental energy field. Rogers
(1980) has identified this interaction as integrality, a key principle of her framework. Because of this interaction, the person is always increasing in creativity and diversity. The life process is unidirectional and irreversible. The potential for innovative development in late adulthood and the dying phase is central to this framework.

The conceptual framework for this study is based upon an elaboration of Rogers' principle of integrality. Specifically, three types of person-environment interaction (outlined in Figure 1) are viewed as significant developmental correlates in later adulthood, and are theorized to correlate positively with positive perspectives about death.

Figure 1 depicts three interactions occurring between the human "energy field" and the environmental "energy field" (Rogers, 1970). Self-transcendence is energy which extends from the human field into the environmental field. An example of this would be an older person sharing wisdom (personal energy) with youth (environment). In the opposite direction, spirituality can be conceptualized as energy flowing primarily into the person from an external source. For example, an elderly person may receive inner peace (personal energy) from an external source such as God or a beautiful scene from nature (environment). Hope is a function of a
bidirectional interaction between the person and environment. Hope begins in the person, is vested in an external source (in the future), and is sustained by receiving some positive feedback from the external source. Thus, hope is depicted as a bidirectional interaction between person and environment (Wright and Shontz, 1968).

The major concepts in this study including death perspectives, self-transcendence, spirituality, and hope will now be discussed.

**Death Perspectives**

Death is thought to represent a transformation of energy; it is a transition in which the integrity of the human energy field changes. Thus, death is a developmental phenomena within the life process (Rogers, 1986; Schorr, 1983).

One of the major developmental issues faced by older adults is that of mortality. The knowledge that death is a universal and inevitable phenomena changes from a general truth to a personally meaningful experience (Kastenbaum, 1986). Ultimately, in order to make sense out of mortality, one must examine the meaning of one's life, both past and future (Butler, 1963, Erikson, 1950). Reflecting on one's own death and coming to terms with it are important for attaining integrity and a sense of wholeness and meaning in late adulthood (Erikson, 1963).
Figure 1: The relationship between the human and environmental energy fields.
There is a positive correlation between acceptance of death and life satisfaction (Flint, Gayton, & Ozmon, 1983).

Considering one's own death often leads to changed thoughts about life and death (Reed, 1982). Perspectives about death fall on a continuum. One end of the spectrum is represented by the traditional, more closed view of death in which death is viewed as an enemy, a failure, a painful ending, or a fearful event to be denied (Axelrod, 1986, Gilliland and Templer, 1985). The more open view of death holds that death is an intimate part of life. This viewpoint may involve religious and/or philosophical interpretations about death and immortality (Kastenbaum, 1986; Reed, 1986). The second view is more consistent with Rogers'(1970) view of death as a developmental phenomena.

Self-Transcendence

There is, in each phase of development, a yearning for something different than what the present holds, "an intuition that there is a different way of living...we know there is something more to life than whatever there is right now" (Kollar, 1985). Self-transcendence was identified by Peck (1968) as a developmental resource for moving beyond the decline in physical comfort or capabilities and finding a deeper happiness and satisfaction in later life. The foundation for self-
transcendence is a value system which recognizes that physical decline does occur, but also takes into account the social and mental strengths which may be augmented in later life (Peck, 1968).

Self-transcendence involves that aspect of the self which is continually beyond its more concrete empirically identifiable aspects (Hood and Morris, 1983). Self-transcendence is defined by Reed (1982) as follows:

"A level of awareness which exceeds ordinary physical boundaries and limitations and is a source of deepest meaning and value in life. It is reflective of the human capacity to extend oneself beyond common boundaries and achieve new perspectives and experiences" (p. 8).

As such, self-transcendence is an exchange of energy between the person and his or her environment in which energy is directed out of the person and into the environment. Examples include being involved with the community in some way and letting others help when assistance is needed (Reed, 1984).

**Self-Transcendence and Death Perspectives**

Self transcendence involves placing value on part of the self that cannot be encased by the physical body (Peck, 1968). Thus, that which is self-transcendent has the potential to exist after bodily death (Hood and Morris, 1983).

Robert J. Lifton has written extensively about psychological boundaries relative to historical events, particularly the atom bomb and nuclear warfare. His work
has greatly contributed to the synthesis of ideas regarding death transcendence. Based on interviews of survivors of Hiroshima, Lifton (1979) contends that humans require a sense of immortality in the face of biological death. This sense "represents a compelling, universal urge to maintain an inner sense of continuity, over time and space, with the various elements of life" (Lifton, 1979). This symbolic immortality is the way by which humans experience a sense of continuity with all of history.

Symbolic immortality is expressed through five modes (Lifton, 1979). The biological mode is the sense of living on through, with, or in one's children. The theological mode is characterized by religious orientations or "more than a natural power over death". A third mode is the creative impact one has on those outliving the individual through music, art, writings, etc. The nature mode is achieved by finding continuity with the natural elements. The fifth mode is "one so intense time and death disappear" and is called the experiential transcendent or mystical mode. In 1979, Lifton expanded on this last mode by indicating that this type of psychic experience leads to significant inner change. "One never returns to exactly the same inner structure of the self" (Lifton, 1979). The developmental implications here of irreversible change are consistent
with Martha Rogers' assumptions about the irreversible nature of the human process (Rogers, 1970). Inherent in both Lifton's and Rogers' ideas is the thought that humans are changed irreversibly by the events and environments which encompass them. An interesting goal of the nursing process in Rogers' framework is not to restore humans to their previous state, but to maximize the change that can occur in any threat to human integrity.

Each of Lifton's modes provides a form of continuity of the transcendent self after death (Lifton, 1979; Peck, 1968). In other words, "Death is transcended through identification with phenomena more enduring than one's self" (Hood and Morris, 1983). Thus, a high degree of self-transcendence may be related to positive death perspectives.

Spirituality

While self-transcendence can be thought of as an exchange of energy between the person and environment such that energy flows primarily out of the individual and into the surroundings, spirituality may represent an interaction that emphasizes the opposite direction in which energy flows from an external source into the individual. Spirituality may involve a relationship with God or a higher power which provides meaning and purpose in life (Sodenstrom & Martinson, 1987). Religion and
spirituality are closely related phenomena. Nathan Kollar (1985) delineated the two as follows:

"Religion is the way we see the world; it is that which we consider to be the most important in this way of seeing the world; and at the same time, it is a means of bringing into existence the perfect form of what we consider important....Spirituality is a self-conscious acceptance and striving to bring to fulfillment one's religion. Spirituality involves the whole person"(p.52).

The spirituality of aging includes accepting the "best" there is at every phase of life, given that the "best" is an indicator of being ultimately transformed (Kollar, 1985). In this way, spirituality represents an acceptance or a "bringing in" of strengths originating outside of the person. This is an example of the person receiving energy from the environment (e.g. God, church, or spiritually related readings or music).

Spirituality has been identified as particularly important to older adults (Giuri, 1980; Lemke and Redman, 1984; Moberg, 1962) and has been positively correlated with measures of psychological well-being in that population (Blazer & Palmore, 1976; Hunsberger, 1985; Steinitz, 1980).

Spirituality and Death Perspectives

Individuals facing death frequently find the religious dimension of their life to be quite important (Kubler-Ross, 1969; Reed, 1982; Sodenstrom & Martinson, 1987). One aspect of spirituality, belief in an
afterlife, was found to be a most significant indicator of positive death perspectives in terminally ill and healthy adults (Reed, 1986a).

Hungleman (1985) found two dimensions of spiritual well-being in older adults. The first dimension was person-oriented and included relationships with an Ultimate Other, with others and with the self. A sense of harmony and interconnectedness pervaded these relationships. Hunglemann's second dimension, Time, involved a sense of peace and harmony linked to past, present, and future. "The growth process also extended into the future and emerging patterns of potential were brought to bear on the present" (Hunglemann, 1985). Implied in this growth into the future is some relationship between spirituality and death and what lies beyond. Further work is needed to investigate this implicit finding.

Death anxiety, associated with a negative view of death, and religiosity have been studied in older adults with various results (Bell & Batterson, 1979). For example, Fulton (1961) found religious persons to be highly fearful of death but Alderstein (1958) contends that a positive religious orientation helps overcome anxiety related to death.

While much has been done to study death anxiety, there is a dearth of research regarding spiritual beliefs
and the whole spectrum of death perspectives in healthy older adults.

Hope

The integrality between the human energy field and the environment energy field is important in understanding the concept of hope. The person who hopes reaches out beyond the self. Hope begins when one's own resources are gone or are inadequate and one begins to draw on strength from an external source (Vaillot, 1970). According to Lynch, (1965)

"Hope is truly on the inside of us, but hope is an interior sense that there is help on the outside of us...the act of taking help from the outside is an inward act, an inward appropriation which in no way depersonalizes the taker or makes him less a man"(p.272).

To expand further, Gottschalk (1974) wrote that hope could be vested not only in one's earthly activities but also "in cosmic phenomena and even in spiritual or imaginary events." Thus, hope expresses a bidirectional interaction between the person and the environment. The feedback between the person and the environment is essential for hope to exist. Hope begins inside the person and is vested in an external happening in the future. The hoped for entity must reciprocate the interaction by providing strength or sustenance to the person. For example, if a widow hopes for an end to her
grief, this hope itself must give the widow strength to face another day.

It should be noted that hope and hopelessness are not necessarily the opposite ends of a continuum. Hope is not merely the absence of hopelessness. Some sphere or dimension of hope is always present (Dufault and Martocchio, 1985). Hope and hopelessness can occur at the same time, depending on the life situation and the individual's dynamic response to it. To limit the human to feeling either hope or hopelessness would be reductionistic and incongruous with the conceptual framework of this study. The same situation may elicit opportunities for hope regarding one outcome and hopelessness regarding another (Dufault and Martocchio, 1985). An example of this might be the person who has learned she will not live to see her grandchildren born. She may feel a sense of hopelessness related to her inability to interact directly with them while simultaneously feeling hopeful that her family heritage will continue despite her absence.

Hope develops over time. Wright and Shontz (1968) studied hope in disabled school-aged children and their parents. They found that the quality of hope changes over time. For example, hope in very young children involves only a positive valence with no reference to time orientation. But as the child's perspective of time...
changes, a future orientation is also incorporated into the idea of hope. In some adults, five features of hope were discovered: unspecified hopes, dedifferentiation of the future (the future is boundless), positive valence of the present, reality surveilliance of the present, and uncertainty of the future (Wright & Shontz, 1968). How the concept of hope changes in older adulthood has not been well studied.

**Hope and Death Perspectives**

Hope and death perspectives have not been explicitly linked in the literature. However, some of the research has focused on hope as it relates to people facing several types of loss.

Dufault and Martocchio (1985) described hope in elderly cancer patients. This sample was facing death in two ways, one as a developmental issue, the other as a function of coping with a potentially fatal disease. The authors describe two spheres of hope, generalized hope and particularized hope. Generalized hope is broad in scope and abstract in nature. It extends beyond the limits of time and matter. Generalized hope is a sense of some positive and yet uncertain future developments. Particularized hope, on the other hand, is focused on a specific, valued outcome or object. These two spheres of hope contain six dimensions. These are affective, cognitive, behavioral, affiliative, temporal, and
contextual (Dufault & Martocchio, 1985). Thus, hope did exist in people who were facing death and provided a basis for a positive view of the future, even though what the future held was uncertain.

Other related studies on hope have been carried out with adolescent cancer patients (Hinds, 1988) and psychiatric outpatients (Gottschalk, 1974). It is important that in both of these studies hope emerged as a significant resource in people confronting substantial losses. Hinds (1988) found that hope was present in adolescents with cancer, and was in fact expanded to include new dimensions not found in teenagers without cancer. Similarly, Gottschalk (1974) found hope to be correlated with positive outcomes in short-term psychotherapy as well as cancer patients returning home after radiation therapy. Hope may have helped to find positive aspects related to these losses or threats to personal integrity.

Hopelessness was linked to losses related to physical and cognitive abilities, interpersonal worth and attractiveness, spiritual faith, and nurturance in the present and after death of loved ones in depressed elderly people (Fry, 1984). All of these people were facing loss of some kind, and in some ways may be similar to people facing the loss of life. Hope appears to add a positive dimension to current losses while hopelessness
may represent an impairment in developmental resource utilization.

The temporal aspect of hope as it relates past, present, and future (Wright and Schontz, 1968; Dufault & Martocchio, 1985) may provide groundwork for much needed research into hope as a developmental phenomena. Clearly hope changes over time, but the linkage between hope and human development is not yet well understood. Also, Vaillot (1970) pointed out that "anything that threatens the integrity of his being may be an occasion of hope for the authentic person." In this way, hope and death are related phenomena.

In summary, death, self-transcendence, spirituality, and hope are developmental phenomena which involve the integral relationship between the person and environment. The focus of this study is self-transcendence, spirituality, and hope as related to death perspectives in healthy elderly adults.
Research Questions

Four research questions were derived from the conceptual framework for this study:

1. To what degree is self-transcendence related to death perspectives in healthy elderly adults?
2. To what degree is spirituality related to death perspectives in healthy elderly adults?
3. To what degree is hope related to death perspectives in healthy elderly adults?
4. To what degree do self-transcendence, spirituality and hope together relate significantly to death perspectives in healthy elderly adults?

Definitions

Death Perspectives- Positive and negative ways of viewing one's own death.

Self-transcendence- "A level of awareness which exceeds ordinary physical boundaries and limitations and is a source of deepest meaning and value in later life" (Reed, 1982).

Spirituality- Behaviors and beliefs that express a relationship with a power higher than one's self and that frequently provide a source of strength and purpose for the individual.

Hope- A positive outlook for the future although the future is uncertain.
CHAPTER II
REVIEW OF THE RELATED LITERATURE

This study is based on a lifespan development framework which views aging and dying as opportunities for creative innovation and development (Reed, 1983). Theoretical literature emphasizes the importance of facing death as a developmental task of old age (Erikson, 1963; Peck, 1968). The empirical research on death has primarily focused on death as an event to be viewed with denial (Becker, 1973), fear (Axelrod, 1987), and anxiety (Gilliland and Templer, 1986). This polarized research effort has resulted in a dearth of empirical research focusing on more positive views of death. The inclusion of positive as well as negative perspectives of death is more consistent with the conceptual framework on which this study is based.

The review of the related literature demonstrates significant relationships between age, developmental resources, and spirituality relative to positive death perspectives. However, there is a dearth which addresses the concepts of self-transcendence and hope in regard to healthy aging and formulation of positive death perspectives. This literature review examines empirical work related to the significance of death perspectives, self-transcendence and death perspectives, the importance of developmental resources in later life, spirituality as
a developmental issue at the end of life, and hope as it relates to death perspectives.

The Significance of Death Perspectives

The studies which have explored the expanded and more open view of death have generally suggested that as people confront death, it is perceived less negatively. For example, results of a large survey (n=1269) conducted by Bengston, Cueller, and Ragan (1977) showed increasing age to be positively associated with decreased fear of death. Using a multiple classification analysis, the standardized partial regression coefficient (beta) for age was .21, with old age (70-74) a statistically significant predictor of decreased fear of death. The ethnographic portion of this same study supported the suggestion that older individuals exhibit greater resolution of issues surrounding mortality than do younger individuals. For this part of the study, in depth interviews and life histories were obtained from 87 Mexican-Americans. The data indicated four themes: crises in midlife occur involving personal mortality and these crises are resolved in late life; life events and history shape individual death perspectives; cultural heterogeneity exists among and within groups relative to death perspectives, levels and prior social distinctions (Bengston, Cueller, and Ragan, 1977).
A positive relationship between life satisfaction and acceptance of death was also found in a study of 91 elderly persons (Flint, Gayton, and Ozmon, 1983). The subjects completed Neugarten's (1961) Life Satisfaction Index, a combination of the Acceptance of Death Scale (Klug and Boss, 1977) and the Death Concern Scale (Dickstein, 1972). Pearson product-moment correlations between scores on the two instruments were .39 (p < .01) for females and .31 (p < .05) for males. Thus a relationship between life satisfaction and acceptance of death was found in this elderly sample.

Closeness to death may be a particularly significant factor, more so than age, in determining death perspectives (Reed, 1986). Age was found to explain a nonsignificant portion of the variance in personal death perspectives in terminally ill and healthy individuals. Belief in an afterlife was found to explain a significant portion of the variance in positive death perspectives in both terminally ill (n= 57, F(1,55) = 16.14, p < .001) and healthy groups (49% and 23% respectively). This study established the existence of positive death perspectives in terminally ill and healthy adults (n=114). It was concluded that, on average, death was not viewed as an exclusively negative event, but as also including positive dimensions. Furthermore, positive death perspectives often were associated with belief in an
afterlife.

Belief in life after death was also found to be a predictor of well-being in the elderly (Steinitz, 1980). A sample of 1,493 elderly people were interviewed for this study. Belief in life after death was significantly correlated with excitement in life (gamma= .29, p < .05) and satisfaction with the city in which one lives (gamma= .16, p < .05), indicators of well-being in the elderly.

In a related study, Hamera and Shontz (1978) found that persons with life-threatening illness perceived more positive aspects in their life than parents of children with life-threatening illness and hospital employees. These groups were chosen for their various personal proximities to life-threatening illness. Persons with life-threatening illness identified significantly more positive aspects (mean =408.98, n=42, p < .001) than did parents of children with life-threatening illness (mean = 370.48, n= 42, p < .001) and hospital employees ( mean = 352.00, n=99, p < .001).

Furthermore, facing death may lead individuals to express more of a sense of purpose or direction in life. Thomas and Weiner (1974) found critically ill persons (n=25) had higher scores on the Purpose in Life Test than noncritically ill persons (n=25). The authors state that this statistically significant finding (F= 3.5648, p < .01) may be attributed to the critically ill persons
expressing a higher level of comfort with values and accomplishments in life as a result of coming to terms with their own finality. Thus, death is viewed as an opportunity for personal understanding.

**Self-Transcendence and Death Perspectives**

Psychosocial behaviors which enable a person to reach out to others and into one's self are keys to development in late adulthood. These behaviors represent means of transcending pathological introspection that is possible in late life as disability and death become more salient. The concept of self-transcendence is of growing interest in the theoretical literature, but very little empirical research has been done which isolates self-transcendence from other developmental resources of later adulthood. Therefore, the literature on developmental resources in general was reviewed in addition to that specifically related to self-transcendence.

Lifton's (1972) modes of personal transcendence provide the categories for a preliminary scale to measure death transcendence constructed by Hood and Morris (1981). These categories include religious mode, mysticism mode, biosocial mode, creative mode, and nature mode and represent modes of extending one's self beyond finitude. Hood and Morris (1983) administered the preliminary scale to 342 undergraduate psychology students along with Spilka's (1977) Fear of Death scales.
Spilka's tool is made up of five subscales measuring emotionality in regard to aspects of death. In all cases except the religious mode, sensitivity to death was associated with cognitive orientations to death as expressed by Lifton's five modes. Also, cognitive orientations (Lifton's modes) toward death failed to significantly correlate with emotional fears of death (religious mode = -.03, mysticism mode = +.07, biosocial mode = +.03, creative mode = +.11, and nature mode = +.09). Thus, positive perspectives toward death do exist and are associated with various modes of self-transcendence.

Mathews and Mister (1987-88) have also developed a tool operationalizing Lifton's (1972) five modes which measures an individual's need for symbolic immortality. The respondents included 401 adult volunteers with a mean age of 40.54 years. Subjects rated 40 statements related to Lifton's five modes. The statements clustered into the five modes and showed high R2 values among items in a cluster (> .30) and low R2 values of items between clusters. Extraneous items were dropped. Reliability and construct validity of the tool was evidenced by generally high coefficient alphas associated with the clusters (biological = .93; creative = .83; religious = .83; nature = .83; experiential = .70). The authors conclude that the high level of agreement between the
obtained clusters and Lifton's (1972) five modes of symbolic immortality supports Lifton's theory (Matthews and Mister, 1987-88).

Importance of Developmental Resources in Later Life

There have been very few works published exploring the topic of self-transcendence and death perspectives. Research on the broader topic of developmental resources in later adulthood is also a relatively new addition to the literature. In one of the first studies attempting to quantify developmental resources in late adulthood, Kurtz and Wolk (1975) demonstrated the existence of a positive significant relationship between developmental task accomplishment and life satisfaction ($r = .52$, $p < .01$). The sample ($n = 92$) was made up of persons 60 years of age or older.

The importance of developmental task accomplishment and its impact on life satisfaction was further substantiated by Wolk and Telleen (1976). Ambulatory older adults ($n = 129$) residing in a retirement village or Lutheran Retirement Home were surveyed in contexts of high and low environmental constraints. In both high and low constraint settings, developmental task accomplishment was found to explain a significant portion of the variance in life satisfaction (9.2% and 20.4% respectively). The authors concluded that
developmental task accomplishment was important for life satisfaction in various living situations.

The relationship between developmental resources of late adulthood and mental health was studied by Reed (1986b). In a longitudinal study of clinically depressed (n=28) and healthy older adults (n=28), results of a 2 x 3 factorial analysis of variance demonstrated that the depressed group had significantly lower developmental resources than the healthy group (F(1,54) = 32.31, p < .001). The depressed group also had significantly higher CESD (Center for Epidemiological Studies - Depression Scale) scores than mentally healthy adults over time (F(1,54) = 27.91, p < .001). Cross lagged correlations spanning time 1 through time 3 were significant (dependent t= 2.78, p < .01) as were time 1 to time 2 cross-lags (dependent t = 3.42, p < .01). The findings indicated that developmental resources affected later occurrence of depressive symptoms in the mentally healthy.

Spirituality as a Developmental Issue

One important characteristic associated with late life is the spiritual or religious dimension. The spiritual dimension has been found to enhance quality of life in later adulthood. For example, Blazer and Palmore (1976) analyzed patterns of religious activities and attitudes over time. The data reported in this study
were collected as part of the Duke Longitudinal Study of Aging, the first longitudinal study of aging. Religious attitudes were not found to be statistically significantly related to happiness, but they were significantly related \((p < .01)\) to feelings of usefulness \((r = .16)\) and adjustment \((r = .16)\). Religious activities were significantly related \((p < .01)\) to happiness \((r = .16)\), usefulness \((r = .25)\), and personal adjustment \((r = .16)\). The sample consisted of 212 adults aged 60-94 at the beginning of the study.

A subsequent longitudinal study (Markides, 1983) compared religiosity and adjustment in aged Hispanic and Anglo persons over time. The findings showed that at time 1, church attendance was a significant predictor of life satisfaction \((b = .510, p < .05)\) for Hispanics. For Anglos, church attendance \((b = .515, p < .05)\), self-rated religiosity \((b = 1.854, p < .05)\), and private prayer \((b = 1.582, p < .05)\) were all significant predictors of life satisfaction. At time 2, church attendance \((b = .389, p < .05)\) and private prayer \((b = .928, p < .05)\) had a positive net effect on life satisfaction for Mexican Americans. Church attendance was a significant predictor of life satisfaction in Anglos \((r = .975, p < .05)\).

Thus, Markides concluded that partial support was found for the hypotheses that the effect of religiosity on life satisfaction increases over time.
Hunsberger (1985) interviewed 85 persons aged 65-88. The findings supported those indicating that religiosity tends to increase with age. Trend analysis demonstrated a significant linear trend (\( F(1,504)= 18.00, \ p < .01, \ R^2 = .01 \)) for increasing religiosity over time. When broken down into those high in religiosity and those low in religiosity, those high in religiosity reported an increase in religiosity over time (\( F(1,162) = 26.26, \ p < .01 \)). Those low in orthodoxy reported a tendency to become less religious over time (\( F (1,162) = 3.83, \ p < .01 \)). All of the correlations between religious variables and reported happiness and adjustment in life were positively and significantly related.

In contrast, Devine (1980) found that age was not a significant factor influencing religious attitudes. Devine interviewed 121 respondents who were retired or at least 65 years of age. No change in religious activity over time was reported by 68.6% of the respondents and 86% reported no change in their religious attitudes over time.

Using structured interviews, Tellis-Nayak (1982) found a substantial percentage (70.2%) of rural elderly (\( n = 259 \)) to be highly religious. Religion was not significantly related to marital status, physical health, loneliness, happiness, or a social network. Religiosity was, however, strongly related to one's sense of meaning.
and purpose of life (Kendall's tau = .47, p < .47). The author concluded that religion in the elderly cannot be viewed in functionalist or mechanistic terms. That is, religion cannot be explained by the functions it performs, but rather as an existential experience. Religion is multidimensional and a "human and humanizing experience" (Tellis-Nayak, 1982).

Research comparing religiousness and well-being between terminally ill (n = 57) and healthy (n =57) groups of adults demonstrated that terminally ill adults reported significantly greater religiosness than healthy adults (t(112) = 3.11, p < .001) (Reed, 1986c). There was no significant difference between the groups on well-being. A positive relationship between religiousness and well-being was found in the healthy group (r = .43, p < .001) but not in the terminally ill group. The author suggested that greater religiousness in terminally ill individuals may be reflective of the adjustments associated with the last phases of life (Reed, 1986c; Reed, 1987).

Loneliness and spiritual well-being were studied in chronically ill (n = 64) and healthy adults (n = 64) to determine if there was a significant difference between groups (Miller, 1985). There was a negative relationship between loneliness and well-being in the chronically ill group (r = -.267, p < .001) and in the healthy group (r
There was no significant difference in loneliness between groups. Spiritual well-being and religious well-being were significantly higher in the ill subjects than in the healthy group. One interpretation of this finding may be that the ill persons may have been more aware of personal mortality and thus, more spiritual. A serious limitation of this study is that the two groups were not matched for age or gender. Increased age has been found to be associated with increased religiosity (Blazer and Palmore, 1976) and females are generally more religious than males (Devine, 1980). The author suggested that chronic illness may be a factor stimulating the person's valuing of religion, having faith in God, and having a relationship with God (Miller, 1985).

A basic social process emerged from the data collected in Hunglemann's (1985) study of spiritual well-being in older adults. Using grounded theory methodology, two core categories (Relationship and Time) emerged. The properties of the Relationship category included Ultimate Other (e.g. expresses love of God), Other/Nature (e.g. accepts differences with others), and Self (e.g. values inner self). Time was made up of Past (e.g. expresses change over time), present (e.g. lives up to potential), and future (e.g. sets goals). Spiritual well-being was characterized by feelings of harmony with
others and self in life and a sense of interconnectedness between time dimensions (Hunglemann, 1985).

Hood (1983) interviewed healthy older adults (n = 39) using Lifton's (1979) modes of death transcendence, Spilka's (1977) Fear of Death and Death Perspectives scales, and Allport and Ross's (1967) Intrinsic and Extrinsic Religiosity scales (Hood, 1983). The religious mode was significantly negatively (r = -.33, p < .05) correlated with "fear of loss and experience and control in death." Religious mode was also significantly positively correlated (r = .40, p < .05) with death as an afterlife reward (Hood, 1983).

Hope

While hope has strong theoretical backing as a beneficial act or quality (Vaillot, 1970; Lynch, 1965), there is a scarcity of empirical studies about hope. Gottschalk (1974) developed a hope scale based on the content analysis of five-minute speech samples. Gottschalk administered the scale to several groups of people in various demographic groups and different psychological states. The preliminary findings were that hope is not statistically significantly different in women than in men. Hope scores for people seeking mental health crisis intervention were significantly lower than the normative adult group (t = 5.84, p < .001, n = 68).
In a group of 16 patients with metastatic cancer, a correlation of +.38 was obtained between hope scores and the duration of survival of the patients. Also, the average hope score (+ 5.42) obtained the third day after radiation was significantly higher in patients returning home (using a Mann-Whitney u test, p < .01, n=16) than the average hope scores (+ 1.9) for patients remaining in the hospital after radiation (n = 11) (Gottschalk, 1969; Kunkel and Gottschalk, 1966). These results indicate that hope is linked to mental and physical health.

Hope is also a developmental phenomenon. Hope changes over time. Wright and Shontz (1968) examined hope in disabled children (n = 14) and their parents (n = 25). Open, unstructured, recorded interviews were utilized to collect the data. The data were then analyzed according to the "psychological forces that presumably guided the verbal expressions" as well as rating scales designed to measure certain dimensions. Children's hope was found to have a structure including a positive valence and a present orientation. As the child's perspective of time becomes differentiated, allowing for a future and a present, the hope structure consists of a positive valence and a future orientation. Adult hope structures take into consideration the person's desires or expectations as well as reality grounding.
Finally, the essential elements of a hope structure for persons coping with a definite and unpleasant reality includes unspecified hopes, dedifferentiation of the future (the future is boundless), a positive valence of present, reality surveillance of present, and uncertainty of the future (Wright & Shontz, 1968). The authors further divided reality grounding methods into twelve categories. Examples include seeking clues from the environment, comparing the disabled child to norms for development, and comparing the disabled child to other children. This study suggests that hope is a developmental phenomenon that changes between childhood and adulthood. The developmental aspects of hope in late life have not been studied.

Hope and Death Perspectives

Contemplation about one's own mortality may be related to the quality of hope. While no studies were reviewed which explicitly studied hope and personal death perspectives, mortality was an underlying theme in some research on hope. Hope in adolescents was studied using the grounded theory methodology (Hinds, 1988). Healthy adolescents (n = 17), adolescents in a substance abuse treatment unit (n = 42) and adolescents with cancer (n = 58) were interviewed. A definition of hope induced from the data of the first sample was "the degree to which an adolescent possesses a comforting life-sustaining belief
that a personal and positive future exists." This definition had four dimensions including forced effort, personal possibilities, expectations of a better tomorrow, and anticipation of a personal future. Data from the adolescents in substance abuse treatment revealed a conceptual distinction between hopefulness and wishing. That is, a focus on reality orientation was included in the definition of hope for this group. The same four dimensions of hope again emerged from the data from cancer patients. Another dimension was also present in this group - a concern for and attention to others. This dimension of hope may have been a reflection of the subjects' contemplation of their cancer and its possible influences on their mortality. Validity was estimated by talking to interviewees again, results were shared with a contrast group, and a panel approach was used to assess the coding and grouping. Agreement levels of 70% or higher were met. Because hope changed in this sample of people responding to a developmental milestone (facing death), this study supports the proposition that hope is a developmental phenomenon related to health and perhaps to facing death.

Hope is a resource particularly important in the last phase of life. Dufault and Martocchio (1985) described hope in 35 elderly persons with cancer. The data were collected through participant observation. Analysis of
the data revealed two spheres of hope (generalized and particularized) and six dimensions of hope (affective, cognitive, behavioral, affiliative, temporal, and contextual). From the description of hope that emerged from the data, the authors concluded that hope in late life is a multi-dimensional dynamic life force as opposed to being trait oriented and unidimensional.

Hope is receiving more attention in the research literature, and a growing number of instruments have been developed to measure hope. Many of these are lengthy and have not yet been used extensively, especially in elderly populations. For example, Obayuwana et al (1982) has developed a 60-item hope scale which assesses ego strength, educational assets, economic assets, religious assets and human family support. It has been tested in over 3,000 persons and shows promise for future use.

Miller and Power (1988) also have developed a 40-item Hope Scale based on three factors including satisfaction with self, others, and life, avoidance of hope threats, and anticipation of a future. Evidence was given for internal consistency (r = .93) and for construct validity when the Miller Hope Scale was compared to well-established instruments measuring psychological well-being (r = .71) and purpose and meaning in life (r = .82).

Stoner (1985) has developed a thirty-item hope scale
based on thirty goals representing intrapersonal hope, interpersonal hope, and global hope. Content validity for the instrument was assessed by content experts and concurrent validity was assessed by comparison with the Beck Hopelessness Scale. The Stoner Hope Scale correlated negatively with the Beck Hopelessness scale ($r = -.47$), indicating moderate concurrent validity (with the assumption being that hope and hopelessness are two opposites on a continuum).

In summary, the review of the related literature lends support to the existence of relationships between age, developmental resources, and spirituality relative to positive death perspectives. However, the research addressing self-transcendence and hope relative to death perspectives is scarce. This study will examine self-transcendence, spirituality, and hope in regard to death perspectives in healthy older adults.
CHAPTER III

THE METHOD

This chapter describes the sample, procedure, and instruments used to address the four research questions. A descriptive correlational approach was used to study the relationships between the variables self-transcendence, spirituality, hope, and personal death perspectives in healthy older adults.

Sample

The non-probability convenience sample consisted of 40 independently living adults aged 65 and older who considered themselves to be healthy. The volunteer subjects were recruited from a group which met in a shopping mall three times a week for a stretching and walking program. Participants were mentally alert, able to understand the description of the study and the disclaimer, and were able to respond appropriately to the investigator's questions.

Procedure

Volunteer subjects were obtained through referrals from friends and direct recruitment in the shopping mall where the participants exercised. Participants were contacted to arrange a time and place for interviews to take place. Most of the interviews took place in the participants' homes, and the remainder were conducted at the shopping mall.
The investigator acquired human subjects approval through the University of Arizona College of Nursing prior to conducting the study (Appendix A). A written description and disclaimer was read to the participants before conducting the interviews (Appendix B). The subjects were told of the voluntary nature of their participation and that they could withdraw from the study at any time. Information which might be traced to the subjects was not seen by any persons other than the investigator and College of Nursing faculty members. Informed consent was obtained from each participant and consent was indicated by participation in the study (the subjects did not have to sign anything).

The interviews lasted approximately forty-five to ninety minutes each. The participants were asked to complete the Demographic Information Sheet and respond in interview format to questions from the Self-Transcendence Scale (STS), Hopelessness Scale (HS), the Spiritual Perspectives Scale (SPS), the Personal Death Perspectives Scale (PDPS). Lastly, the participants were asked to talk into a tape recorder for five minutes to complete the Gottschalk Hope Scale (GHS). The scales appeared in the stated order to reduce bias introduced by anxiety related to the content of the scales.

**Instruments**

The following instruments are included in Appendix C.
Self-Transcendence Scale (STS)

The instrument chosen to measure the level of self-transcendence was Reed's (1984; Reed, 1989) Self-Transcendence Scale (STS). The 15 items on the STS list key activities and attitudes often exhibited by older adults to expand or reach beyond the limits of the physical body and to become oriented to purposes greater than one's self (Reed, 1984). The STS is based on a lifespan developmental framework of aging which emphasizes change and development as inherent components of aging.

Participants were asked to rate each item based on how relevant it was to their life currently. Respondents used a four point Likert-type format for rating the items in terms of the extent to which the items described them. Possible responses range from "Not at all" (value= 1) to "Very much" (value= 4). Scores were obtained by scoring across items then dividing by the number of items to get the mean. The STS generates one overall score from 1.0 to 4.0.

Content validity has been established by content experts and by respondents aged 60-80. Some support for construct validity has been shown by factor analysis followed by cluster analysis (Reed, 1984; Reed, 1989). Internal consistency of the STS, as a subscale of a longer scale, has been demonstrated in mentally healthy
older adults, clinically depressed older adults, and nursing home residents with a Cronbach's alpha = .88 or greater (Reed, 1986b). The psychometric properties of the STS are acceptable for use in research. Testing of the instrument is ongoing.

Hopelessness Scale

The Hopelessness Scale (HS) was developed by Beck, Weissman, Lester, and Trexler (1974) to measure affective, motivational, and cognitive aspects that reflect negative expectations by the respondent. The HS is widely used in research. It consists of twenty items which are answered true or false. Each statement is scored 0 or 1 and a total score obtained by adding the scores for each item then dividing by the number of items, thus scores range from 1.0 to 2.0. It was used in this study as a comparison for the Gottschalk Hope Scale. Since hopelessness has been studied in older adults and hope has not, the HS was administered as an attempt to enhance the information received from the GHS.

Construct validity for the Beck Hopelessness Scale has been supported by testing and confirming several hypotheses including that depressed and no-longer-depressed people scored differently on the scale (Vatz, Wining, and Beck, 1969) and that seriousness of suicidal intent was more highly correlated with hopelessness than
was depression (Minkoff, Bergman, Beck, and Beck, 1973).

The internal consistency of the scale was analyzed through coefficient alpha (KR-20), the result of which was a reliability coefficient of .93 (Beck, et al, 1974).

Spiritual Perspectives Scale

The Spiritual Perspectives Scale (SPS) was developed by Reed (1982) and was originally based on King and Hunt's (1975) Dimensions of Religiosity scales. The SPS measures the extent to which respondents hold certain spiritual views and report engaging in behaviors which provide a sense of connectedness with a transcendent dimension. The scale consists of ten items. Responses are selected using a six point Likert-type scale with responses scored one to six based on the personal meaning of each item to the respondent, either by frequency with which the behavior occurs or by agreement with an item. The responses range from "not at all" to "about once a day." The scores are averages across all responses with a range of scores from 1 to 6, the higher numbers indicating a greater frequency or number of spiritual perspectives. Also, the respondent was asked to answer an open-ended question related to his or her own definition of spirituality. Research findings have consistently indicated that the SPS has high reliability and validity in various populations (McEwen, 1987; Reed,
Personal Death Perspectives Scale

The Personal Death Perspectives Scale (PDPS) was adapted by Reed (1986a) from four Death Perspectives Scales from Spilka (1977) and Aday (1984-5). The instrument measures the degree of positiveness about personal death. The scale consists of ten items, five of which represent negative perspectives and the remaining five represent more positive views of death. The scores are based on a six point Likert-type format ranging from 1 (strongly disagree) to 6 (strongly agree). The PDPS is scored by summing scores across the 10 items and obtaining the mean. Scores range from 1 to 6, indicating the degree of positiveness toward death (Reed, 1986a). The total scale reliability was reported to be .86 as estimated by omega (Reed, 1986a).

Adaptation of the Gottschalk Hope Scale

The Gottschalk Hope Scale (GHS) was developed by Gottschalk (1974) to measure hope based on five minute speech samples. It was chosen for use because of its open-ended nature which allowed respondents freedom in choosing what they talked about in response to the verbal instructions. It also required less time to administer than other published hope scales, an important
consideration due to the multiple scales used in this study and the potential time and energy limits of the participants. The respondents were asked to speak into the microphone of a tape recorder and talk about "any interesting or dramatic personal life experiences" they had ever had. The subjects talked uninterrupted for five minutes. This procedure differed from the original Gottschalk scale directions which state, "This is a study of speaking and conversational habits..." It was decided that this clause was misleading and confusing, so it was omitted. The transcripts of these interviews were then scored by content analysis using seven weighted content categories. Content categories were weighted +1 (e.g. references to receiving help or support, feelings of optimism, and noted self-confidence, and references to any kind of hopes that lead to a constructive outcome) or -1 (e.g. references to feelings of hopelessness, being unwanted, or not receiving needed help) or 0 for neutral statements. The scores were then added and divided by the number of statements.
CHAPTER IV
FINDINGS

The results of data analysis are presented in this chapter. The level of significance for this study was set at .05. Characteristics of the sample along with the mean scores, standard deviations, and range of scores on the study variables are presented. Analyses of the four research questions are addressed next. Additional findings are also presented.

Characteristics of the Sample

The mean age of the forty respondents was 72 years of age with ages ranging from 65 to 86. Of the participants, 60% were female (n = 24) and 40% were male (n = 16). The mean number of years of formal education was 13.8, with 90% of the participants completing high school. Of the forty people interviewed, 65% were Protestant, 22.5% were Catholic, 7.5% were Jewish, 2.5% were Other, and 2.5% claimed no religious preference. Married people comprised 67.5% of the sample, while 25% were widowed, and 7.5% were divorced. Sixty-five percent lived with one other person, 32% lived alone, and 2.5% lived with two other people. Thirty-five percent of the participants considered their health status to be excellent, 50% perceived themselves to be in good health, and 15% in average health. Thirty percent of the
respondents had lost a loved one or a pet within the last year.

The mean score on the Personal Death Perspectives Scale was 3.73 (range = 1.0 - 6.0), the mean score on the Self Transcendence Scale was 3.50 (range = 1.0 - 4.0), and the mean score on the Spiritual Perspectives Scale was 4.43 (range = 1.0 - 6.0). The mean score on the Hopelessness Scale was 1.09 (range = 1.0 - 2.0). The mean score on the Gottschalk Hope Scale was .41 (range = -.26 - .90) (Table 1).

Reliability of the five scales was examined, utilizing Cronbach's alpha as an estimate of internal consistency. The following reliability coefficients were found: "Personal Death Perspectives Scale" (r = .85); "Self-Transcendence Scale" (r = .78); "Spiritual Perspectives Scale" (r = .91); and Hopelessness Scale (r = -.30). The Cronbach's alpha for the Gottschalk Hope Scale could not be calculated since there was only one item on the scale. Analyses of the four research questions are addressed next.

Research Question One

The first research question focused on the relationship between self-transcendence and positive personal death perspectives in healthy older adults (Table 2). The Pearson product-moment correlation coefficient was used to determine the magnitude and
Table 1. Participants Mean Scores, Standard Deviations, and Ranges on Personal Death Perspectives (HDP), Self-Transcendence (SIS), Spirituality (SFS), Hopelessness (HS), and Hope (GHS) (n=40)

<table>
<thead>
<tr>
<th>Variable</th>
<th>( \bar{X} )</th>
<th>S.D.</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDP(a)</td>
<td>3.73</td>
<td>1.29</td>
<td>1.2 - 5.8</td>
</tr>
<tr>
<td>SIS(b)</td>
<td>3.50</td>
<td>0.45</td>
<td>1.7 - 4.0</td>
</tr>
<tr>
<td>SFS(c)</td>
<td>4.43</td>
<td>1.33</td>
<td>1.0 - 6.0</td>
</tr>
<tr>
<td>HS(d)</td>
<td>1.09</td>
<td>0.08</td>
<td>1.0 - 1.2</td>
</tr>
<tr>
<td>GHS(e)</td>
<td>0.41</td>
<td>0.26</td>
<td>-.26 - 0.9</td>
</tr>
</tbody>
</table>

a: Range Possible = 1.0 - 6.0. With 1.0 indicating lowest level of positive personal death perspectives.
b: Range Possible = 1.0 - 4.0. With 1.0 indicating lowest level of self-transcendence.
c: Range Possible = 1.0 - 6.0. With 1.0 indicating lowest level of spirituality.
d: Range Possible = 1.0 - 2.0. With 1.0 indicating lowest level of hopelessness.
e: Range Possible = -.26 - .90 With -.26 indicating the lowest level of hope.
Table 2. Pearson Correlations on Study Variables (n = 40)

<table>
<thead>
<tr>
<th></th>
<th>Personal</th>
<th>Death</th>
<th>Self-Perspectives</th>
<th>Transcendence</th>
<th>Spirituality</th>
<th>Hopelessness</th>
<th>Hope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Death</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Perspectives</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transcendence</td>
<td>.52***</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spirituality</td>
<td>.58***</td>
<td></td>
<td>.60***</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hopelessness</td>
<td>.14</td>
<td>.05</td>
<td>.14</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hope</td>
<td>.03</td>
<td>.17</td>
<td>.32*</td>
<td>-.16</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* : p < .05  
** : p < .01  
*** : p < .001
significance of the relationship. The findings indicated that the relationship was statistically significant \((r = .52, \ p < .001)\). The positive relationship indicates that an increase in self-transcendence is associated with an increase in positive personal death perspectives.

**Research Question Two**

The second research question examined the relationship between spirituality and personal death perspectives in healthy older adults. The Pearson correlation coefficient between these two variables was statistically significant \((r = .58, \ p < .001)\) (Table 2). The positive relationship indicates that an increase in spirituality is associated with an increase in positive personal death perspectives.

**Research Question Three**

The third research question addressed the relationship between hope and personal death perspectives. Findings indicated that the relationship between the two variables was not significant \((r = .14 \text{ for the Hopelessness Scale and } r = .03 \text{ for the Gottschalk Hope Scale})\) (Table 2).

**Research Question Four**

The fourth research question examined the relationship of self-transcendence, spirituality, and hope to personal death perspectives in healthy older adults. Multiple regression analysis was used to determine which developmental variables together best
predicted positive death perspectives. Self-transcendence, spirituality, and hopelessness were the independent variables and personal death perspectives was the dependent variable. Collectively all three independent variables were statistically significant \( R = .64, F = 6.00 \) \( \text{df} = 4,35 \), \( p < .001 \) (Table 3). However, only spirituality and self-transcendence contributed to the explained variance in personal death perspectives. The strong relationship between spirituality and self-transcendence minimized the degree of variance in personal death perspectives explained by self-transcendence. Neither hope nor hopelessness contributed significantly to explaining personal death perspectives.
Table 3. Stepwise Multiple Regression Analysis of Study Variables and Death Perspectives (n=40)

<table>
<thead>
<tr>
<th></th>
<th>Multiple R</th>
<th>R-SQUARE</th>
<th>R-SQUARE Change</th>
<th>Beta</th>
<th>F(df)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spirituality</td>
<td>.56</td>
<td>.33</td>
<td>.33</td>
<td>.40</td>
<td>19.06 (1,38)***</td>
</tr>
<tr>
<td>Self-Transcendence</td>
<td>.62</td>
<td>.38</td>
<td>.06</td>
<td>.27</td>
<td>11.40 (2,37)***</td>
</tr>
<tr>
<td>Hope</td>
<td>.64</td>
<td>.41</td>
<td>.03</td>
<td>-.16</td>
<td>8.22 (3,36)***</td>
</tr>
<tr>
<td>Hopelessness</td>
<td>.64</td>
<td>.41</td>
<td>.00</td>
<td>.02</td>
<td>6.00 (4,36)***</td>
</tr>
</tbody>
</table>

*** : p ≤ .001
**Additional Findings**

Pearson product moment correlations between the study variables and demographic characteristics of the participants indicated significant relationships (Table 4). Age was negatively correlated with positive death perspectives (r = -.29, p < .05), indicating that as age increases positive death perspectives decrease. Gender was significantly correlated with self-transcendence (r = .39, p < .01) and spirituality (r = .41, p < .01), indicating that the women in this study scored higher on these scales than did men. The mean score for men on the Self-Transcendence Scale was 3.29, and the mean for women was 3.64. On the Spiritual Perspectives Scale the mean score for men was 3.78 and the mean score for women was 4.86. Years of education was negatively correlated with spirituality (r = -.56, p < .000) and with hope (r = -.43, p < .01).

In summary, significant relationships existed between self-transcendence and positive death perspectives and between spirituality and positive death perspectives. Demographic variables of age, gender, and education were significantly correlated with the study variables. Neither hope nor hopelessness were significant variables in the analysis of this study.
Table 4. Correlations of Study Variables and Demographic Information (a)  
(n=40)

<table>
<thead>
<tr>
<th></th>
<th>HP</th>
<th>STS</th>
<th>SFS</th>
<th>HS</th>
<th>GHS</th>
<th>EDUC</th>
<th>SEX</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HP</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STS</td>
<td>.52***</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SFS</td>
<td>.58***</td>
<td>.60***</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HS</td>
<td>.14</td>
<td>.05</td>
<td>.14</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GHS</td>
<td>.04</td>
<td>.20</td>
<td>.48**</td>
<td>-.16</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDUC</td>
<td>-.24</td>
<td>-.20</td>
<td>-.56***</td>
<td>.01</td>
<td>-.43**</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEX</td>
<td>.15</td>
<td>.39**</td>
<td>.41**</td>
<td>.06</td>
<td>.25</td>
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<tr>
<td>AGE</td>
<td>-.29*</td>
<td>-.23</td>
<td>-.02</td>
<td>-.01</td>
<td>.15</td>
<td>-.11</td>
<td>-.27*</td>
<td>1.00</td>
</tr>
</tbody>
</table>

* : P ≤ .05  
** : P ≤ .01  
*** : P ≤ .001

(a): Key for abbreviated variables  
HP= Personal Death Perspectives  
STS= Self-Transcendence Scale  
SFS= Spiritual Perspectives Scale  
HS= Hopelessness Scale  
GHS= Gottschalk Hope Scale
CHAPTER V

Conclusions and Recommendations

A descriptive correlational design was used to explore the relationships between self-transcendence, spirituality, hope, and personal death perspectives in healthy older adults. The conceptual framework for the study was based on the lifespan developmental framework (Reed, 1983) which posits that development is an ongoing process throughout life and including death. Facing one's own mortality is a specific issue elders must integrate into their life view. This integration may be facilitated by new strengths gained in older adulthood that have replaced former capabilities no longer available or relevant in one's life situation. Self-transcendence, spirituality, and hope were theorized to be significant developmental resources in older adulthood and were examined as potential correlates of positive death perspectives.

Self-transcendence and Personal Death Perspectives

The first research question examined the relationship between self-transcendence and death perspectives in healthy older adults. The results indicated a significant positive relationship between these two variables \( r = .52, p \leq .001 \). Extension of personal boundaries both inside one's self and outward
toward others is associated with positive perspectives toward death. The average self-transcendence score for participants in this study was 3.5 (range = 1.0-4.0, with 1.0 indicating the lowest level of self-transcendence). This may indicate that the healthy older adults in this study were successfully utilizing the developmental strength of self-transcendence to help them integrate positive aspects of death into their life views. However, causality cannot be implied from this correlative study.

Other research has supported the importance of self-transcendence relative to mental health and in coming to terms with death (Gallup, 1985; Hood and Morris, 1983; Reed, 1986). Psychosocial behaviors which enable a person to extend personal boundaries are keys to healthy development in later adulthood. Reed (1986) studied self-transcendence in depressed and mentally healthy adults. The healthy adults exhibited significantly higher scores than the depressed group ($F(1, 54) = 32.31, p < .001$). The findings also indicated that self-transcendence as a developmental resource affected later occurrence of depressive symptoms in the mentally healthy.

Hood and Morris (1983) found support for the existence of positive perspectives toward death and their study of the various modes of self-transcendence. The
investigators utilized Robert Lifton's taxonomy of transcendent modes including the religious mode, mysticism mode, biosocial mode, creative mode, and nature mode as avenues for transcending the physical body. The investigators administered Lifton's tool along with Spilka's (1977) Fear of Death Scales to 342 college undergraduates. Lifton's five modes failed to correlate with emotional fears of death, providing support for transcendence as a mediator of positive attitudes toward death.

Thus, the results of this research add support to the findings of other research concerning self-transcendence. However, since there is such a dearth of research about self-transcendence, especially relative to older adults, comparisons provide only a preliminary foundation for consensus. More research is needed to explore the role of self-transcendence as a developmental phenomenon relevant to human health and well-being.

Spirituality and Personal Death Perspectives

Research question two addressed the relationship between spirituality and positive personal death perspectives in healthy older adults. The findings from this study indicated a statistically significant relationship between spirituality and positive death perspectives ($r = .58, p \leq .001$). Thus, utilization of
spiritual resources is associated with positive personal death perspectives. The average score on the Spiritual Perspectives Scale was 4.43 (range =1.0–6.0, with 1.0 indicating the lowest level of spirituality). The participants in this study had a moderately high level of spirituality. Spiritual resources may aid the person to identify positive aspects when considering one's own death. However, causality cannot be implied as yet. Other research has supported the significance of spirituality and adjustment to illness and/or impending death.

The spiritual dimension has been found to be an important aspect of later adulthood (Blazer and Palmore, 1976; Hunsburger, 1985; Markides, 1983; Reed, 1986, 1987; Tellis-Nayak, 1982). Reed (1986c) studied spirituality in terminally ill (n=57) and healthy (n=57) adults and found that the terminally ill adults reported significantly greater spiritual perspectives than healthy adults (t(112)= 3.11, p<.001), controlling for other influential factors. This may indicate that as people are confronted with personal death, spiritual resources become more salient.

Miller (1985) examined loneliness and spiritual well-being in chronically ill (n=64) and healthy adults (n=64) to determine if there was a significant difference between groups. There was a negative relationship
between loneliness and well-being in the chronically ill group \((r = -.267, p < .001)\) and in the healthy group \((r = -.387, p < .001)\). Spiritual well-being and religious well-being were significantly higher in the ill subjects than in the healthy group. One interpretation of this finding is that the ill persons may be more aware of personal mortality and thus, more spiritual.

The results of the current research lend support to the growing body of knowledge concerning spirituality and its relationship to heightened awareness of personal mortality.

Hope and Personal Death Perspectives

Because of the scarcity of concise, well-established instruments to measure hope, two scales were utilized to address research question three, concerning the relationship between hope and positive perspectives toward death. The results of the Hopelessness Scale (HS) were not significantly correlated with positive personal death perspectives in this study. Several reasons may explain this finding. First, the variability on the HS was quite low, which may have affected the correlations with other study variables, particularly the Personal Death Perspectives Scale. The homogeneity of the responses also contributed to an extremely low Cronbach's alpha \((- .3)\). This low reliability is inconsistent with
those reported in the literature and leads to questions about the relevance of the concept in this sample.

Secondly, several participants refused to answer some of the items on the HS, stating the items were too negative or that they could not relate to the items in a personal way. This may indicate that hopelessness is not a significant personal aspect in healthy older adults. Third, the responses to the questionnaire were quite similar, indicating that most people in this sample felt the same way. The mean score on the HS was 1.09, indicating a low level of hopelessness. Thus, adding strength to the suggestion that hopelessness may not be an outstanding attitude in this sample.

The results of the GHS were not significantly related to positive death perspectives in this sample. Hope and death perspectives have not been explicitly studied together. However, Stoner (1985) reported no significant differences in level of hope between subjects grouped according to phases of illness (cancer). The subjects' phase of illness ranged from no evidence of disease to terminal to receiving ongoing treatment. Brandt (1987) administered the HS to 31 women with breast cancer who were receiving their first course of chemotherapy. Brandt found relatively low levels of hopelessness despite varying degrees of illness. These findings add support to observations that terminally ill...
individuals remain hopeful when facing death (Kubler-Ross, 1974).

Although a significant relationship between hope and positive personal death perspectives was not found in this study, the comparatively high level of hope (mean = .41, range = -.26-.90) found among participants indicates that hope is an important aspect of older adulthood.

Self-transcendence, Spirituality, Hope, and Personal Death Perspectives

The fourth research question examined the relationship of self-transcendence, spirituality, and hope to personal death perspectives in healthy older adults. The results indicated that spirituality and self-transcendence accounted for a large portion (38%) of the explained variance in personal death perspectives. Spirituality and self-transcendence represent two closely related resources that were used by the participants in this study to identify positive attributes of death. Neither hope nor hopelessness contributed significantly to the explained variance.

Additional Findings

The negative correlation between age and positive death perspectives was contrary to other research which
found that age was negatively associated with fear of death (Bengston, Cueller, and Ragan, 1977) and negative perspectives of death (Reed, 1986). One explanation for this finding may be that as active exercisers, the participants may be attempting to delay death with their health-seeking behavior. Older participants view death as closer and thus, more negatively.

Gender was significantly correlated with spirituality and self-transcendence indicating that women in this study scored higher on these scales than men. The mean on the SPS for women was 4.86 and for men the mean was 4.78. This may indicate that women's scores contributed greatly to the significance of the relationship between spirituality and death perspectives. This is consistent with previous research findings that females are generally more religious than males (Devine, 1980; Reed, 1986). The mean score for the women in this study on the Self-Transcendence Scale was 3.64 and the mean for men was 3.29. VanLent also noted that females tended to score higher on the Self-transcendence Scale than males (VanLent, 1988). This may be due in part to the gender expectations this cohort has been accustomed to, making it socially more acceptable for women to engage in and/or report self-transcendent behaviors and attitudes. It would be interesting to note if this gender difference in self-transcendence persists as gender constraints are
diminished with time and changing cultural values.

Conceptual Framework Modifications

The conceptual framework for this study (page 9) requires further testing and revision. Since self-transcendence and spirituality are related developmental resources, the revised framework should reflect this. Hope should not be removed from the framework as of yet. Further instrumentation for the measurement of hope is needed to add to the available information about this concept. The directions of the arrows in the diagram also require further testing to ascertain direction and magnitude of the human-environment interaction.

Figure 2 is an illustration of the modified conceptual framework gleaned from the results of the current study. The line representing the environment is hatched to represent the open nature of the environment. The dot on the environmental representation has been eliminated in an effort to demonstrate a less limiting view of the environment. The arrows representing spirituality and self-transcendence have been moved closer to one another to represent the relationship between the two. Further research is necessary for further modifications and clarifications.

Recommendations for Further Research

Several recommendations for future research can be extrapolated from this study. First, the study should be
Figure 2: Modified Conceptual Framework.
replicated in other groups of elderly persons in various states of health. For example, the effects of the subjects' health seeking behavior (exercise) on the study variables should be addressed in future research by adding a non-exercising control group for a comparison sample.

Second, the relationship between spirituality and self-transcendence must be addressed. The two are conceptually similar but are regarded as distinct concepts. The variables were highly correlated in this study. It is clinically important to know if the two variables are in fact different, so that nursing assessment and intervention can be appropriately targeted. It is also important theoretically to decide if spirituality and self-transcendence are different enough to be considered as separate entities. The STS and the SPS should be used together in different and larger samples to determine if the correlation appears consistently.

The reliability of the Hopelessness Scale must be closely examined. The lack of variance may have accounted for the lack of significant relationships with other study variables. Perhaps other instruments should be used with older adult populations in order to obtain more reliable results when measuring hope or hopelessness.
Implications for Nursing

As facing death is such an important issue facing older adults, the nurses who work with these persons should be aware of the resources which may enhance personal development in this area. The results of this study support the proposition that self-transcendence and spirituality may be two resources which aid the older adult in identifying and integrating positive perspectives about their own mortality. Assessment of these resources and recognition of how to utilize them appropriately are important ways that nurses can facilitate the development of the older person. Simply pointing out these strengths may be a very important intervention since the resources of self-transcendence and spirituality may be so integrated that the person ceases to focus attention on them as special attributes. Moreover, nursing and society at large may not value or be knowledgeable about resources of aging. In addition, the nurse may teach the person's family or friends about developmental resources unique to the later part of life, perhaps increasing their knowledge and appreciation of the elder's point of view.

Recognizing that the pool of personal resources continues to change with advanced age is important for
clinicians and educators. This proactive view of older adulthood may help to attract nurses to the area of gerontology at a time when this segment of the population is quickly growing and few nurses are drawn to the specialty. Also, this more open view of aging and death may increase awareness of advocacy for elders as an important role of nurses. In addition, this research supports the position that exploring the frontier of advanced development in aging is an exciting and rewarding pursuit.

Nurses have the special vantage point of being able to facilitate an environment that is conducive to nurturance of human potential and healthy development, much as Nightingale described years ago. Creating a healthy environment in which the natural course of health can occur and supporting the dynamic interaction between the person and the environment provide a sound framework for nursing care.
APPENDIX A

HUMAN SUBJECTS APPROVAL
TO: Ms. Teri Britt
FROM: Linda R. Phillips, PhD, RN, FAAN, Associate Dean for Research
DATE: February 22, 1989

Your project has been reviewed and approved as exempt from University review by the College of Nursing Ethical Review Subcommittee of the Research Committee and the Director of Research. A consent form with subject signature is not required for projects exempt from full University review. Please use only a disclaimer format for subjects to read before giving their oral consent to the research. The Human Subjects Project Approval Form is filed in the office of the Director of Research if you need access to it.

We wish you a valuable and stimulating experience with your research.

LRP/ms
APPENDIX B

ORAL EXPLANATION AND DISCLAIMER
Oral Explanation of the relationship of personal death perspectives to self-transcendence, spirituality, and hope in later adulthood.

I am Teri Britt, a nurse and graduate student at the University of Arizona. I am conducting a nursing study on adults' views and opinions about some of the experiences they may be having at this time of their life. I am very interested in adults 65 years or older who are living independently in their homes. I would like you to participate.

Your participation in this project is on a voluntary basis and you can withdraw at any time without having to explain why. There are no known risks in completing the study. Any information you give for the study is confidential and your identity and name will not be revealed. Your name will not appear on any of the questionnaires. Only myself and three nursing faculty members will see people's responses.

If you agree to participate I will ask you to answer some questions about your general background and health, share with me your opinions about how you see yourself and your future at this time, and about any spiritual beliefs you may have. I will also ask you about your feelings about death.

The interview should last no longer than one hour. I will welcome any questions you have about the study at any time. The questions are designed to get your opinions—there are no right or wrong answers to any of the questions. I will not be judging any of your answers. I am particularly interested in your views and opinions. You may choose not to answer some or all of the questions once you hear what they are like. Whatever you decide, it is all right. I do hope you will answer as many questions as you can.

I expect that the information that I receive from everyone in the study will help nurses to better understand the special concerns and strengths of older adults, particularly as they consider death. The ultimate goal is to improve nursing care and education concerning older adults.

If you are willing to participate, you can indicate this by answering the questions; you do not have to sign anything. By answering the questions in this packet and by talking into this tape recorder for five minutes, you will be giving your consent to participate in this study. I thank you very much. Do you have any questions at this time?
Demographic Information Sheet

Age ____________

Sex 1=Male   2=Female ______

Number of years of education__________

Religious group with which you most easily identify:
  Protestant ______ (1)
  Catholic ______ (2)
  Jewish ______ (3)
  Other ______ (4)
  None ______ (5)

Race: Caucasian(1) Hispanic (3) Asian American (5)
      Black   (2) American Indian (4)

Marital Status: Married ____ (1) Divorced ____ (3)
                Widowed ____ (2) Never Married ____ (4)

Number in Household: ______

Employment Status: Employed ____ (1) Unemployed ____ (2) Retired ____ (3)

Health status: Excellent ____ (1) Good ____ (2) Average ____ (3)
               Poor ____ (4) Extremely poor ____ (5)

Financial Status: Not enough for bare essentials (1) ______
                 Barely enough for bare essentials (2) ______
                 Enough for bare essentials (3) ______
                 Enough for bare essentials with some left over (4) ______
                 No need to worry about finances (5) ______

Have you had any recent losses such as a loved one or a pet? No ____ (1)
                 Yes ____ (2)
This questionnaire consists of a list of twenty statements (sentences). I will read each sentence to you one by one. After I read each sentence, please tell me if the sentence is true or false for you. Answer each statement in terms of how you have been feeling for the past week, including today.

1. I look forward to the future with hope and enthusiasm.
2. I might as well give up because I can't make things better for myself.
3. When things are going badly, I am helped by knowing they can't stay that way forever.
4. I can't imagine what my life would be like in 10 years.
5. I have enough time to accomplish the things I most want to do.
6. In the future, I expect to succeed in what concerns me most.
7. My future seems dark to me.
8. I expect to get more of the good things in life than the average person.
9. I just don't get the breaks, and there's no reason to believe I will in the future.
10. My past experiences have prepared me well for my future.
11. All I can see ahead of me is unpleasantness rather than pleasantness.
12. I don't expect to get what I really want.
13. When I look ahead to the future, I expect I will be happier than I am now.
14. Things just won't work out the way I want them to.
15. I have great faith in the future.
16. I never get what I want so it's foolish to want anything.
17. It is very unlikely that I will get any real satisfaction in the future.
18. The future seems vague and uncertain to me.
19. I can look forward to more good times than bad times.
20. There's no use in really trying to get something I want because I probably won't get it.
### DIRECTIONS
Please indicate the extent to which each item below describes you. There are no right or wrong answers. I am interested in your frank opinion. As you respond to each item, think of how you see yourself at this time of your life. Circle the number that is the best response for you.

**AT THIS TIME OF MY LIFE, I SEE MYSELF AS:**

<table>
<thead>
<tr>
<th></th>
<th>NOT AT ALL</th>
<th>VERY LITTLE</th>
<th>SOMewhat</th>
<th>VERY MUCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Having hobbies or interests I can enjoy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Accepting myself as I grow older.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Being involved with other people or my community when possible.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Adjusting poorly to retirement or to my present life situation.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Adjusting to the changes in my physical abilities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Sharing my wisdom or experience with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Finding meaning in my past experiences.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Helping younger people or others in some way.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Having no interest in continuing to learn about things.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Putting aside some things that I once thought were so important.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. Accepting death as a part of life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Finding meaning in my spiritual beliefs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. Letting others help me when I may need it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. Enjoying my pace of life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. Dwelling on my past unmet dreams or goals.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</table>

Thank you very much for completing these questions. Please feel free to list on the back any other issues that are important to you at this time of your life that were not listed above.
SPIRITUAL PERSPECTIVE SCALE

Introduction: Spirituality has different meanings for people. In general, it is defined as that which relates people to a transcendent or non-physical realm, or which relates people to something greater than themselves without disregarding the value of the individual. I am interested in your views on the questions below. There are no right or wrong answers, of course.

Directions: In answering the following questions about your spiritual views, think about what spirituality means to you personally. Mark each question by marking an 'X' in the space above that group of words which best describes you.

1. In talking with your family or friends, how often do you mention spiritual matters?

| Not at all | Less than once a year | About once a year | About once a month | About once a week | About once a day |

2. How often do you share with others the problems and joys of living according to your spiritual beliefs?

| Not at all | Less than once a year | About once a year | About once a month | About once a week | About once a day |

3. How often do you read spiritually-related material?

| Not at all | Less than once a year | About once a year | About once a month | About once a week | About once a day |

4. How often do you engage in private prayer?

| Not at all | Less than once a year | About once a year | About once a month | About once a week | About once a day |

(Please continue on next page)
3. Seeking forgiveness is an important part of my spirituality.

4. I seek spiritual guidance in making decisions in my everyday life.

7. My spirituality is a significant part of my life.

8. I frequently feel very close to God or a "higher power" in prayer, during public worship, or at important moments in my daily life.

(Please continue on next page)
9. My spiritual views have had an influence upon my life.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
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10. My spirituality is especially important to me because it answers many questions about the meaning of life.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
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<tbody>
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Do you have any views about the importance or meaning of spirituality in your life that have not been addressed by the previous questions?


Thank you very much for answering the questions.
<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Disagree More Than Agree</th>
<th>Agree More Than Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Death is the ultimate anguish and torment.</td>
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<td>2.</td>
<td>Death is a great moment of truth for oneself.</td>
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<td>3.</td>
<td>Death is the doorway to heaven and ultimate happiness.</td>
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<td>4.</td>
<td>Death is the final mystery.</td>
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<td>5.</td>
<td>Death is the final failure of one's search for the meaning of life.</td>
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<tr>
<td>6.</td>
<td>Death is union with God and eternal bliss.</td>
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<td>7.</td>
<td>Death is an opportunity to give up this life in favor of a better one.</td>
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<td>8.</td>
<td>Death is a chance to show that one has stood for something during life.</td>
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<td>9.</td>
<td>Death is the destruction of any chance to realize oneself to the fullest.</td>
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<td>10.</td>
<td>Death is the end to one's hopes.</td>
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</table>
REFERENCES
References


