

## ARTICLE

# Music and gerotranscendence: A culturally responsive approach to ageing

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### ABSTRACT

Gerotranscendence is a theory of ageing which suggests that transpersonal growth and development is intrinsic to human development and plays a vital developmental role in the elder years. Mature gerotranscendence is experienced through a shift from identifying with an individual ego self to identifying with a transpersonal Self. This development can be enhanced or hindered by sociocultural and personal experiences, including one's own worldview.

Today's older adults in America are diverse, and each faces a unique ageing experience to which music therapists must be sensitive. In addition to potentially living more years with chronic illness and possible financial concerns, those from cultures with a history of sociocultural discrimination face additional challenges in ageing. This leaves the possibility that many may experience increased existential questioning and personal insecurity than previous generations.

Music is commonly used in working with older adults within elder care settings. Music has also traditionally been used to facilitate spiritual healing and transcendence. Because music can cross cultural lines, while also being an effective tool for meaning-making, I suggest that music can be a powerful and culturally-aware way of helping older adults experience mature gerotranscendence.

This article is an opinion piece based on my experience as a music therapist with a transpersonal orientation. In this context, I highlight the unique psychosocial challenges faced by older Americans today and suggest the theory of gerotranscendence as a way of understanding their therapeutic needs. I then discuss ways of, and considerations for, using music to support the development of mature gerotranscendence.

### KEYWORDS

gerotranscendence,  
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## AGEING IN 21ST CENTURY USA

The experience of ageing in USA today is unlike at any other time in history (Wacks, 2011). Advances in medicine and science have helped today's older adults live longer, while the hard-fought Civil Rights movement in the country, coupled with the accompanying shifts in societal norms during the 1960s and 1970s, have allowed for men and women of different ethnic and racial backgrounds and sexual orientation to have greater individual freedoms. Additionally, many from the Baby Boom generation and the generation prior to it saw great personal prosperity as the world recovered following World War II (Green, 2014), although this prosperity is not universal among older Americans (Administration for Community Living, 2018).

Due to such disparities, ageing in the 21st century also brings with it great insecurity for many older adults in America, who now make up 15.2% of the population in the United States (Administration for Community Living, 2018). One reason for this insecurity is related to finances, and whether older adults have, or will have, the resources necessary to meet their long-term needs in a way that will allow them to maintain a high quality of life as defined by them. Related to this insecurity are health and medical issues, as more older adults in the United States are living longer, with unique health challenges due to comorbidities. Isolation or loneliness can also be issues for some older adults as they may live far away from family, be estranged from family, or have no family at all.

Resolving these sources of insecurity is foundational to being able to age in USA with a good quality of life. Experiencing such uncertainties can shake a person to their core and make them question themselves, their life, the state of the world, and whether there is a greater purpose to being alive. How one exactly experiences these uncertainties is influenced by a variety of personal and social factors that are shaped by one's gender, race and ethnicity, and sexual orientation (Administration for Community Living, 2018; Adams, 2011; Artiga, 2016; Centres for Disease Control and Prevention, 2013). Some of these experiences are examined in greater detail below.

### Financial instability of older adults in USA

Financial instability can make it difficult for many of today's older adults to afford providing for their living needs (Adams, 2011; Administration for Community Living, 2018). According to the Older Americans Profile (2018, p. 10), "over 4.6 million people age 65 and over were below the poverty level in 2016" and another "2.4 million of older adults were classified as 'near-poor,'" meaning their income was between the poverty level and 125% of this level. However, it is reported that the poverty rate for older adults in the United States may be as high as 14.5% when regional variations in the cost of housing, the impact of non-cash benefits received, such as SNAP/food stamps, low income tax credits, and non-discretionary expenditures, including medical out-of-pocket (MOOP) expenses, are taken into account (Administration for Community Living, 2018). Poverty rates also vary depending on gender, race and ethnicity, sexual orientation, and/or whether one lives alone (Adams, 2011; Administration for Community Living, 2018).

## Health and health care

Many of the non-discretionary expenditures made by older adults are for MOOP expenses (2018). Advances in medical science have helped people to live longer, but that also means that many people are living longer while in poorer health and with complicated health issues (Gillespie, 2015). According to a 2010 report by the University of Southern California's Schaeffer Centre for Health Policy and Economics:

The typical Medicare beneficiary who is 65 or older [in 2030] will more likely be obese, disabled and suffering from chronic conditions such as heart disease and high blood pressure than those in 2010 (as cited in Gillespie, 2015, no page).

When one looks at health and access to quality health care in America, however, a divide exists based on race and/or ethnicity, sexual orientation, socioeconomic status, and/or geographic location (Adams, 2011; Artiga, 2016; Centres for Disease Control and Prevention, 2013). For example, the Centres for Disease Control and Prevention (2013) cites that 30% of total direct medical expenditures for Blacks, Hispanics, and Asians are excess costs due to health inequities. LGBTQ older adults may be in poorer health because they are less prone to seeking medical treatment due to the fear of being discriminated or judged by the health care provider (Adams, 2011). Someone who lives in a rural community may have limited healthcare options and lack access to certain medical specialities.

## Loneliness and isolation

Another contributor to a compromised quality of life for today's older adults is isolation and loneliness. The 2017 Older Americans Profile reports that "about 28%, or 13.8 million of all noninstitutionalized older adults lived alone in 2017" (Administration for Community Living, 2018, p. 5). Additionally, some older adults may no longer have family. It is estimated that by 2040, 19% of older adults will not have children, while 17% will have only one child (Green, 2014). However, feelings of loneliness and isolation can be true whether one remains living at home alone, living with family, or even when living in a community.

## CONTINUED PSYCHOSOCIAL DEVELOPMENT WHILE AGEING

Looking at these uncertainties through a developmental lens, psychologist Erik Erikson theorised that the lifespan entails eight psychosocial stages of development. These stages are: Trust vs. Basic Mistrust, Autonomy vs. Shame and Doubt, Initiative vs. Guilt, Identity vs. Identity Confusion, Intimacy vs. Isolation, Generativity vs. Stagnation, and Integrity vs. Despair and Disgust. Within each stage there is a developmental "crisis" or "conflict" which contributes to an individual's growth and personal development (Erikson, 1997, 1980). Erikson (1980, p. 57) describes the conflicts at each stage as "a potential crisis because of a radical change in perspective [...] Different capacities use different opportunities to become full-grown components of the ever-new configuration that is the growing personality".

Therefore, crisis, in this developmental sense, does not connote “a threat of catastrophe, but a turning point, a crucial period of increased vulnerability and heightened potential” (as cited in Sokol, 2009, p. 140). Erikson summarises this developmental progression as presenting

human growth from the point of view of the conflicts, inner and outer, which the vital personality weathers, re-emerging from each crisis with an increased sense of inner unity, with an increase of good judgment, and an increase in the capacity ‘to do well’ according to his own standards and to the standards of those who are significant to him. (Erikson, as cited in Sokol, 2009, p. 140)

The 8<sup>th</sup> stage of this theory, originally attributed to adults 65 years and older, is called Integrity vs. Despair and Disgust (Erikson, 1980). During this stage, a person reflects upon the choices they have made during their life. If one is satisfied by the way they have lived their life, they experience feelings of contentment and a sense of integrity. If one is not satisfied by the life they have lived, they may become bitter or angry. In describing this, Erikson writes that

the lack or loss of this accrued ego integration is signified by despair and an often unconscious fear of death: the one and only life cycle is not accepted as the ultimate of life. Despair expresses the feeling that the time is short, too short for the attempt to start another life and to try out alternate roads to integrity. Such a despair is often hidden behind a show of disgust, a misanthropy, or a chronic contemptuous disgust and a displeasure with particular institutions and particular people – a disgust and a displeasure which (where not allied with constructive ideas and a life of cooperation) only signify the individual’s contempt of himself (Erikson, 1980, pp. 104-105).

Completion of this stage does not mean that a person’s life is complete, however. Erikson (1997) has suggested a 9<sup>th</sup> stage that involves moving through the previous 8 stages again. The difference being that this time around the dystonic quotient comes first as it better represents the ageing-related experiences faced by older adults at the time. Therefore, the stages can be viewed as: Basic Mistrust vs. Trust, Shame and Doubt vs. Autonomy, Guilt vs. Initiative, Identity Confusion vs. Identity, Isolation vs. Intimacy, Stagnation vs. Generativity, and Despair and Disgust vs. Integrity. If an older adult is able to successfully process through these stages, they will achieve hope, will, purpose, fidelity, love, care, and wisdom (Erikson, 1997).

Descriptions of this stage and its accompanying crisis allude to, but do not overtly discuss a transpersonal dimension of human life and development. Yet spirituality is considered an area ripe for continued growth as one gets older (Atchley, 2011; Wacks, 2011). Research also suggests that religion and spirituality can have a beneficial impact on one’s physical and mental health (Koenig, 2012).

At the same time, the practice of religion and spirituality is varied in the United States. While the religiously affiliated are still in the majority, more Americans are moving away from religion and instead consider themselves to be spiritual (Pew Research Centre on Religion and Public Life Project, 2012; 2015). Pew Research Centre on Religion and Public Life (2015) found that 59% of Baby Boomers to find religion to be “very important.” Whereas 24% found religion to be “somewhat” important and 17%

did not find religion to be “too/at all” important. A survey from 2012 found that 41% of adults surveyed age 50 and older identified as being “spiritual, not religious,” while 31% identified as being “neither” spiritual nor religious (Pew Research Centre on Religion and Public Life Project, 2012). Many Americans mix elements of diverse faith traditions, and a significant minority of Americans express a belief in a variety of Eastern or New Age Beliefs (Pew Research Centre on Religion and Public Life, 2009). Additionally, 49% of respondents to a Pew Research survey (2009) identified having had a religious or mystical experience. Such mystical or transpersonal experiences do not need to adhere to any particular religious tradition or spiritual practice (Corbett, 2012).

## GEROTRASCENDENCE

The theory of gerotranscendence supports such religious or mystical experiences as a part of one’s development (Tornstam, 2011). Identified by Swedish sociologist Lars Tornstam, gerotranscendence could be considered the result of coming “to terms with the dystonic elements in their life experiences in the 9<sup>th</sup> stage” (Erikson, 1997, p. 114). Erikson (1997, p. 123) describes gerotranscendence as “the final stage in a natural process towards maturation and wisdom. It defines a reality somewhat different than the normal mid-life reality which gerontologists tend to project on old age”. Gerotranscendence recognises a spiritual or transpersonal dimension to being that can become more prominent as one gets older (Tornstam, 2011). Yet the experiences of this dimension are not affiliated with any particular religious tradition or spiritual practice.

Much like with Erikson’s stages, the factors of language, normative constraints, opportunity structures, social class, and education can affect one’s experience of mature gerotranscendence (Tornstam, 2011). Mature development is not guaranteed. While experiencing gerotranscendence is not complicated, the conditions and environment need to be conducive to facilitating experiences of gerotranscendence.

There are three dimensions to gerotranscendence. Each pertain to a different dimension of being and how one recognises or experiences themselves in the world. These dimensions are: cosmic dimension, self-transcendent dimension, and social selectivity dimension.

### Cosmic dimension

This dimension pertains to a person’s sense of time and place. Within this dimension, one may experience an altered sense of time where the distance between the past and present disappear. One may also feel themselves as connected and linked to past and future generations. One comes to a place of accepting death, while rejoicing in life (Tornstam, 2011). Some of these aspects, such as connection to past and future generations, may be more pronounced in some cultures, while an altered sense of time is quite often seen with those who have dementia.

### Self-transcendent dimension

This is related to how a person perceives themselves and their body. Within this dimension, one engages in self-confrontation where an honest and ‘objective’ review is made of one’s life. This

dimension can also be accompanied with a decrease in self-centredness and body-transcendence where one develops a healthy relationship with one's body and physical condition. A person's needs and concerns shift towards others, especially towards children and grandchildren (Tornstam, 2011).

### Social selectivity dimension

This dimension pertains to personal and social relationships. Within this dimension, one may desire time alone for contemplation and have a disinterest in superficial relationships. In this dimension, one is working to identify their authentic self vs. their social roles, and living from that place. There may be an emancipated innocence where individuals can be more playful and carefree because they no longer regard how others may judge them. Material things may take on less significance, and there is a certain mental flexibility as one's worldview can shift from right/wrong duality to instead evolve towards becoming more broadminded and tolerant (Tornstam, 2011).

Of note to those working in long term care, I believe it is important to consider the social selectivity dimension of gerotranscendence when a resident may decline to participate in an activity. Not everyone enjoys participating in large group activities, and the degree to which a resident has the ability to decline participating in a group activity varies, depending on the policies of the care community. This means that there are times when some residents may be forced or coerced into activities when they do not want to be there. While it is possible for a resident who initially did not want to participate in the group to ultimately have benefitted from participating, in other cases a resident who declines participating in a group activity may actually want to have time to themselves for quiet contemplation. They may also further benefit from smaller scale or one-on-one interaction. Assessing a person's temperament, social needs and preferences is helpful in being able to help reduce isolation, while also supporting them in the social selectivity dimension.

### USING MUSIC TO SUPPORT MATURE GEROTRASCENDENCE

Music can be a conducive and versatile way of supporting the mature gerotranscendence of diverse older adults. This is because music is culturally inclusive and accessible to people of differing levels of physical and/or cognitive functioning. Making music can provide opportunities to play and create. Songs and musical experiences can take on personal significance and meaning, while also facilitating transpersonal experiences that can be integrated to create healing within oneself (Boyce-Tillman, 2000). Music can also be used to facilitate conversations and insights related to aspects of gerotranscendence, which can address important unmet needs for older adults living in institutional settings (Wang, 2011).

The connection that exists between music and the wisdom gained from a well-lived life and deep personal healing (Boyce-Tillman, 2000; Erikson, 1997) supports the use of music to support mature gerotranscendence. Erikson identifies music to be related to the wisdom achieved from gerotranscendence when she writes, "Sound is powerful; sound can soothe, enlighten, inform, and stimulate. It challenges us with its potential, and we are dependent on our aural perception for the development of wisdom" (Erikson, 1997, p. 7). Boyce-Tillman describes the role of music in facilitating maturity when she writes that

music has the capacity to express and awaken hidden aspects of the personality and has elements of both public and private because its meaning cannot easily be read. It is therefore a way of gaining a wider acceptance of painful private areas of human experience and aids the process of maturity: to know how to use music to express private events publicly can lead to maturity. (Boyce-Tillman, 2000, p. 46).

The following are examples of how I have used and have observed music to enhance gerotranscendence with older adults living throughout Boulder County and the Metro Denver areas in the state of Colorado. These observations are based on my clinical work as a Licensed Professional Counsellor (LPC), board-certified music therapist (MT-BC) and musician for New Thought spiritual services. Additional observations are based on informal communication with older adults attending and participating in community music-based events. While not cited specifically in this paper, there are literature and research published on topics of spirituality, music therapy, aging, and end-of-life care which contributed to my interest in further investigating the topic of gerotranscendence and music.<sup>1</sup>

## Listening to music

Listening to music is a readily accessible way to engage with music. Lyrics can make one think, feel, and shift perspective, while the rhythm and instrumentation of a piece can have a transcending effect. Boyce-Tillman connects listening to music with the hero's journey when she suggests that:

Listeners are called to enter into the processes of the performer and composer. The listener tunes into, becomes 'in sync' with the composer/performer. The listener shares the journey and is reassured by the fact that another person has been into that chaotic place that they are experiencing. They also become part of the journey and learn some of the strategies of the composers/performer. (Boyce-Tillman, 2000, p. 51).

Below are some different ways that I have utilised music listening in my own work with older adults.

## Personally-meaningful music

I have found that having a client select music that is personally meaningful to them can allow for the sharing of memories and associations related to aspects of gerotranscendence. An example of this is when a client selects a song that they associate with a profound life experience. This sometimes leads to insightful conversations about their experience related to then and now. Yet for clients with speech or cognition challenges, listening to a personally-moving piece of music can lead to peak experiences where words are not necessary, and this can also be healing (Boyce-Tillman, 2000).

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<sup>1</sup> Examples include Kidwell (2014), Lipe (2002), Lynch (2006), Potvin and Argue (2014).

## Therapist-selected thematic music

Sometimes I facilitate dialogue by selecting songs that contain themes related to gerotranscendence. For example, I have used the song “Rocky Mountain High” by John Denver as a starting point of discussion about where one feels at home and supported, such as by being in nature or being with family. I have also used the song “Green, Green Grass of Home” by Johnny Cash as a way to talk about life and death. On a more light-hearted note, I have used the song “Old Folks’ Boogie” by Little Feat to start conversations about ageing and personal perceptions around ageing.

## Creating a playlist

Soundtracks enhance the action of a movie. If one thinks about one’s life as a movie in which one starred, what would the soundtrack be like? I have found that creating a playlist can help a person reflect upon their life in a deeper way by identifying pivotal moments in their life. I use playlists with clients to help them amplify their recollection of past experiences and to also provide them with opportunities to recognise positive growth and change in their lives.

Sometimes this can lead to experiences of personal pain or regret, however, but the music helps to contain such feelings for processing and reintegrating. As Boyce-Tillman (2000, pp. 53-54) writes, “[music] is a way of living with the chaos until such time as the self is ready to re-integrate [...] Music is a way of holding”. Music is a safe place for experiencing and exploring darker or more painful aspects of one’s self.

## Choosing a power song

A power song is a song that energises a person and helps them feel good in their own skin. I have found that a client-selected affirming song can be useful in working with older men and women who are struggling with reconciling their current physical reality with the memories of their younger selves. In this sense, “music can be used as a safe home or relationship,” a space “to revisit old and new areas of oneself for purposes of renewal and sustenance” (Boyce-Tillman, 2000, p. 54).

An example of this is from my individual counselling work with recently retired women. Some of these women have neither spouses nor children, and they were now questioning who they were as women. In those cases, selecting songs to reflect how they wanted to experience themselves has led to conversations about their sense of identity, meaning, and purpose as older women in our society.

## Making music

Making music encourages the playfulness associated with the emancipated innocence that can be experienced within the social-selectivity dimension of gerotranscendence. Where I live in Colorado, there are many music-making opportunities available to older adults. These opportunities include groups offered through community recreation services, community music schools, and music stores offering lessons on a wide variety of instruments. Below are some of the ways I have used active

music-making in my work as a music therapist and teacher, as well as music-making opportunities I have observed in my community that may be available in other communities.

## Singing

Singing has a wide variety of benefits. Singing, especially singing in a group, can help induce play and feelings of transcendence of time and body, as well as personal healing (Boyce-Tillman, 2000). Additionally, singing has other known health effects, such as improved cardiovascular fitness, improved breathing and respiratory strength, and vocal control and production, which can further contribute to the health and well-being of older adults, including those who may have neurological disorders (Wany, Rüber, Hohmann & Schlaug, 2010).

Some people seem to have a fear or reluctance to sing, though. This can be due to negative messages given to them in childhood or adolescence. Many older adults, both women and men, approach working with me because they want to sing, but they have internalised early messages of being “tone deaf” or being told to “mouth the words.” In this way, singing in a therapeutic and non-judgemental environment helps them come to recognise, embrace, and embody their authentic self.

Influenced by what I see in my clinical work, I utilise melodically simple chants with affirming lyrics in the congregational music I lead for New Thought spiritual services. The chants are intended to be approachable for those who do not consider themselves to be singers, and they are repetitive because repetition can be healing (Boyce-Tillman, 2000). Congregants often continue hearing some of these chants outside of service throughout the week at different times. Contemplative chant and group singing can also help to foster community, as well as a sense of embodiment or transcendence (Boyce-Tillman, 2000).

## Playing an instrument

Playing an instrument can take different forms. It can include drumming in a community drum circle, playing different handheld percussion instruments in a therapeutic music group, to playing or learning to play some other instrument, such as the guitar, piano, or ukulele. Similar to singing, playing an instrument can help induce play and feelings of transcendence of time. By making appropriate modifications as necessary, I have found with some older adult clients that playing an instrument can be used to support the self-transcendent dimension where a person needs to engage in an honest self-assessment about what they can do and to demonstrate perseverance by finding ways to do it. They continue to persevere because they are motivated to make music.

## Performing music

Desiring to perform music builds upon making music, which may be purely for one’s own pleasure and benefit. Choosing to perform in front of others requires a courage and a disregard of judgements others may have towards us. When one chooses to perform, it is also possible to feel a transcendence of time and place. I have found that older adults who volunteer to perform music for others who may

not otherwise be able to access live music are tapping into a shift away from self-centredness and a desire to give back to others. It can also help create a connection with others.

Some of the venues and opportunities that I have seen in my community for older adults to perform music include open mics, community festivals and block parties where buskers or musical ensembles help liven up the event, or volunteering to perform music at skilled nursing facilities or memory care communities. For those older adults who are more proficient in playing an instrument and are seeking traditional opportunities to perform, community choirs, bands and orchestras can be welcoming ensembles.

## CONSIDERATIONS FOR USING POPULAR MUSIC OF THE 1950s-1970s

An informal online survey on the use of familiar music with older adults that I posted in the largest Facebook group for credentialed music therapists and music therapy students from around the world resulted in 51 responses. Responses given suggest that it is common for music therapists working with older adults to use familiar music, as 40 respondents indicated that “regardless of age or condition” they “almost always” or “mostly use familiar music” in their work with older adults. Eleven respondents indicated that they base their use of familiar music with older adult clients “on the therapeutic goals” or “conditions” (Personal communication with Music Therapists Unite!, 2<sup>nd</sup> December 2018).

It is important to develop an understanding of how the cultural and societal changes that occurred in USA following World War II could be reflected in the music, and how this might affect a person’s response to interventions to address gerotranscendence using popular music. For example, popular music from the Vietnam War era can mean one thing to someone who was against the war, while a veteran who fought in the war can have a completely different association to the song. This section provides a brief overview of popular music of the 1950s-1970s and suggests some considerations music therapists working with today’s older adults in America could take into account.

### Popular music of the era

Popular music from the early years of today’s older adults is considerably different from the popular music of previous generations. Rock and roll ushered in a new phase of youth culture, and with this, in a way different from other generations, music has been able to play a defining role in the cultural and social landscape of today’s older adults, particularly those from the Baby Boom generation (Pruchno, 2012; Puente, 2011). With television, transistor radios, and LPs, national and regional musical trends became easier to share and access (2011).

Music festivals also began to take on another form in the 1950s and the 1960s, becoming large scale cultural events showcasing popular music. The Newport Jazz Festival, the Newport Folk Festival, and the Monterey Jazz Festival began in the late 1950s and continue today. Rock and roll festivals came on to the scene in the 1960s with festivals such as Monterey International Pop Festival, Woodstock, and Altamont.

## Themes of non-western spirituality

Aspects of non-western spirituality can be seen in the music of popular artists of this time. Music, including the instruments used, song composition, and lyrics themselves, reflected such experimentation and transpersonal exploration. The Beatles, due in part to George Harrison, can be credited with introducing aspects of Eastern philosophies and spiritual beliefs into the consciousness of many people through songs such as “The Word” from *Rubber Soul* and “Within You, Without You” from *Sgt. Pepper’s Lonely Hearts Club Band*. Such transpersonal exploration was also occurring within jazz music with John Coltrane’s critically acclaimed album *A Love Supreme*, which is suggested to be influenced by Ahmadiyya Islam. His wife, Alice Coltrane, an accomplished musician and swamini herself, continued in this direction of spiritual exploration with her own music. As a tribute to John Coltrane, Carlos Santana and John McLaughlin also released an album called *Love Devotion Surrender* that was inspired by the teachings of the guru Sri Chinmoy.

## Cultural identity

As music became more integrated during the 1960s, one can also find examples of musicians exploring or embracing their cultural identity. For example, during the Black Power Movement, James Brown released the song “Say It Loud – I’m Black and I’m Proud.” Carlos Santana brought Latin American jazz to the forefront and fused it with rock and roll.

## Sex, drugs, and rock and roll

Many musicians during the 1960s and 1970s, were experimenting with altered states of consciousness. Often times these were drug induced. While the mantra of “sex, drugs and rock and roll” has been seen as a rallying cry for hedonistic youth culture, it is important to recognise that this was not always a pleasurable experience had by everyone. It must be emphasised that music may bring up painful memories that need to be processed and reintegrated.

## THERAPEUTIC CONSIDERATIONS FOR THE USE OF POPULAR MUSIC

Because familiar music can elicit personal memories and associations, both positive and negative, I want to highlight some possible therapeutic considerations that may come up when using popular music of the 1960s and 1970s with older adults. It is not meant to be exhaustive, but rather to illustrate considerations not commonly discussed which may come up for some older adults in response to the use of music. It should be noted that these considerations are based on my own experiences and interactions with older adults in Colorado, where cannabis has been legalised for both medical and recreational purposes. However, with the rates of known substance use disorder among members of the Baby Boom generation (Kuerbis, Sacco, Blazer & Moore, 2014), along with the recent #MeToo movement, there is a need for those working with older adults to be aware of these particular considerations and how that may impact one’s process towards mature gerotranscendence.

## Substance use and abuse

When using music of the 1960s and 1970s, we should consider and recognise that music celebrating substance use can be triggering for someone with a history of addiction or substance abuse. Music can bring up recollections of past substance-induced experiences that could be either positive or negative. A music therapist needs to be comfortable in being able to facilitate those conversations as they may arise. An additional consideration for those music therapists working with older adults in states where cannabis is legalised for either medical or recreational use is that clients may enter into sessions while under the influence, and the therapist should be prepared for this possibility.

## Gender roles

Gender relationships and norms went through a great change in the 1960s and 1970s with the Women's Liberation movement. Women were able to have greater control of their reproductive rights with the advent of the birth control pill, the free love movement, and the legalisation of abortion with the Supreme Court's decision on *Roe v. Wade*. Many women found themselves going out into a workforce rife with sexual harassment where they had to break through glass ceilings. Now in their retired years, they may be questioning their identity as women and feel a continued desire to give back. Men may also be questioning their identity as men and may need to reflect upon their own attitudes towards women, particularly as most caregivers, family or professional, are female.

## CONCLUSION

Gerotranscendence highlights an aspect of being that has often been overlooked in American society. Yet studies suggest that life satisfaction can be enhanced when a person experiences mature gerotranscendence (Tornstam, 2011). I argue that music can be an accessible and impactful means of facilitating gerotranscendence among older adults from diverse backgrounds. However, when using popular music from the 1950s to 1970s, it is also important to recognise the cultural and social contexts that exist around the music, as these may have an impact on an individual's personal experiences around that music.

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## Ελληνική περίληψη | Greek abstract

# Μουσική και υπέρβαση του γήρατος: Μια πολιτισμικά ευαισθητοποιημένη προσέγγιση της γήρανσης

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## ΠΕΡΙΛΗΨΗ

Η υπέρβαση του γήρατος [gerotranscendence] είναι μια θεωρία για τη γήρανση [ageing], η οποία υποδηλώνει ότι η υπερπροσωπική ωρίμανση και ανάπτυξη είναι εγγενής στην ανθρώπινη ανάπτυξη και διαδραματίζει έναν ζωτικό αναπτυξιακό ρόλο στις μεγαλύτερες ηλικίες. Η ώριμη υπέρβαση του γήρατος [mature gerotranscendence] βιώνεται μέσω μιας μετατόπισης από την ταύτιση με ένα ατομικό εγώ προς την ταύτιση με έναν υπερπροσωπικό Εαυτό. Αυτή η εξέλιξη μπορεί να ενισχυθεί ή να παρεμποδιστεί από τις κοινωνικοπολιτισμικές και προσωπικές εμπειρίες, καθώς και από την προσωπική κοσμοθεωρία του καθενός.

Οι σημερινοί ηλικιωμένοι στην Αμερική είναι πολύ διαφορετικοί μεταξύ τους και καθένας τους βιώνει το γήρας με έναν μοναδικό τρόπο, απέναντι στον οποίο οι μουσικοθεραπευτές οφείλουν να έχουν ευαισθησία. Μαζί με το ενδεχόμενο να ζήσει κανείς περισσότερα χρόνια πάσχοντας από κάποια χρόνια ασθένεια και έχοντας πιθανές οικονομικές έγνοιες, όσοι προέρχονται από πολιτισμούς με ιστορικό κοινωνικοπολιτισμικών διακρίσεων έχουν να αντιμετωπίσουν επιπλέον προκλήσεις σε σχέση με τη γήρανση. Έτσι, πολλοί από τους ηλικιωμένους σήμερα έχουν αυξημένες πιθανότητες να βιώσουν την υπαρξιακή αμφισβήτηση και την προσωπική ανασφάλεια εντονότερα από τις προηγούμενες γενιές.

Η μουσική χρησιμοποιείται συχνά στη δουλειά που γίνεται με τους ηλικιωμένους σε κέντρα φροντίδας ηλικιωμένων. Η μουσική έχει επίσης χρησιμοποιηθεί παραδοσιακά για να διευκολύνει την πνευματική θεραπεία [spiritual healing] και την υπέρβαση. Καθώς η μουσική μπορεί να διαπεράσει τις πολιτιστικές γραμμές όντας ταυτόχρονα και ένα αποτελεσματικό εργαλείο για την κατασκευή νοήματος, προτείνω ότι η μουσική μπορεί να αποτελέσει έναν ισχυρό και πολιτισμικά ενημερωμένο τρόπο να βοηθηθούν οι ηλικιωμένοι άνθρωποι ώστε να ζήσουν μια ώριμη υπέρβαση του γήρατος.

Αυτό το άρθρο εκφράζει μια γνώμη που βασίζεται στην εμπειρία μου ως μουσικοθεραπεύτρια με υπερπροσωπικό προσανατολισμό. Σε αυτό το πλαίσιο, υπογραμμίζω τις μοναδικές ψυχοκοινωνικές προκλήσεις που αντιμετωπίζουν σήμερα οι ηλικιωμένοι Αμερικανοί, και προτείνω τη θεωρία της υπέρβασης του γήρατος ως έναν τρόπο κατανόησης των θεραπευτικών τους αναγκών. Στη συνέχεια συζητώ τρόπους και σκέψεις για το πώς η μουσική μπορεί να χρησιμοποιηθεί υποστηρικτικά απέναντι στην ανάπτυξη της ώριμης υπέρβασης του γήρατος.

### ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

gerotranscendence, μουσική, πολιτισμικά ευαίσθητοποιημένη φροντίδα ηλικιωμένων [culturally-responsive eldercare], πνευματικότητα, γήρανση [ageing]