An analysis of psychosocial theories of ageing and their relevance to practical gerontological nursing in Sweden

Barbro Wadensten RN, PhD (Senior Lecturer)
Department of Caring Sciences and Sociology, University of Gävle, Gävle, Sweden and Department of Health Sciences, Örebro University, Örebro, Sweden

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Background: Theories exist to challenge current practice, create new approaches to practice and remodel the structure of rules and principles. One question is whether nurses could find in psychosocial theories of ageing a theoretical foundation on which to base support of older people in their ageing process.

Aim: The aim of the present paper was to analyse five psychosocial theories of ageing and to discover what they could mean for gerontological nursing in Sweden.

Method: A literature search was conducted to find original works. Research questions inspired by Fawcett’s framework guided the analysis.

Findings: Psychosocial theories of ageing cover different aspects of the ageing process, but do not address crucial issues regarding the attitudes and structure of good nursing care. These theories provide no clear guidance on how to care for older people and how to support them in their ageing process. However, the analysis did show that the theories contain underlying values that influence society and staff as regards their views on the ageing process and how care of older people should be carried out. Nursing interventions to support ageing will be quite different depending on the theoretical perspective taken by nurses.

Conclusions: There is a need to translate the ageing theories into guidelines, so that staff in gerontological care will have tools to use in practice irrespective of which theoretical perspective they choose to use in care. This could also promote care that is tailored to each individual older person.

Keywords: ageing theories, care of older people, gerontological care, gerontological nursing, nursing older people, psychosocial theories of ageing.

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Introduction

Theories exist to challenge current practice, create new approaches to practice and remodel the structure of rules and principles (1). It is of interest, therefore, to discuss which theories could form the theoretical foundation for gerontological nursing.

Gerontological nursing involves the care of ageing people and emphasizes the promotion of the highest possible quality of life and wellness. It is different from geriatric nursing, which focuses on care of sick older people. Gerontology concerns knowledge about the normal process of ageing and includes biological, psychological and social perspectives. Work in gerontological nursing involves a variety of roles, such as healer, caregiver, educator, advocate and innovator. The role of healer is defined as helping individuals to stay well, overcome or cope with disease, restore function, find meaning and purpose in life and mobilize internal and external resources (2). In gerontological nursing, the perspective has focused on the supporting function, not on treating disease (3). Roach (4) defined some attributes of importance for gerontological nurses: the ability to form a therapeutic relationship with older people, appreciation of the uniqueness of older people, clinical competence in basic nursing skills, good communication skills and knowledge of physical psychosocial changes that occur with age. Roach (4) also discussed the importance of nurses supporting older people in their ageing process.

Theory

The term theory is defined in many different ways. Some state that a theory is formalized and describe it in terms of logically linked, mathematical propositions. At a more basic level, a theory has been described as a systematic explanation of an event in which constructs and concepts are identified, relationships are proposed and predictions
made (5). Another common definition is that a theory is a statement that purports to account for or characterize some phenomenon, but a theory is always shorthand for understanding or characterizing a phenomenon (6). In this way, a theory is like a map; it highlights those parts that are important for its given purpose. But no map (or theory) reflects all that is contained within the phenomenon. Thus, the term theory is defined in various ways, from a very formalized to a very broad sense. The use of theory offers structure and organization of knowledge and provides systematic means of collecting data to describe, explain or predict practice. Use of theory promotes rational and systematic practice by challenging and validating intuition (7).

**Nursing theories**

A nursing theory attempts to describe or explain the phenomenon called nursing. Ultimately, theories ought to improve nursing practice. This goal is usually achieved by using theory or portions of a theory to guide practice (1).

Wadensten and Carlsson (8) studied nursing theories with the aim to discover whether it was possible to make use of such theories in care of older people. They concluded that none of the 17-studied theories contain suggestions for how care for older people should be structured. Although two nursing theorists, King (9, 10) and Roy (11), directly referred to Erikson’s psychodynamic theory (12), neither of them described nor discussed what they meant by development into old age or provided suggestions for care of older people. Given this deficiency in nursing theories, it is of interest to look at psychosocial theories of ageing.

**Psychosocial theories of ageing**

Theories of ageing describe the ageing process and what ageing implies. These theories are, therefore, of interest for gerontological nurses. Theories of ageing have been categorized in different ways by different authors, some calling them psychological and others developmental theories, etc. In the present paper, Schroots’ (13) definition is chosen. He categorized these theories as psychosocial theories of ageing and described those most well known. Psychosocial theories of ageing attempt to explain human development and ageing in terms of individual changes in cognitive functions, behaviour, roles, relationships, coping ability and social changes. These theories do not describe how older people could be treated or what is important in care of older people. However, they are interesting because they describe what ageing implies and because we should, therefore, be able to derive from them factors that are important in nursing. One relevant study would be to analyse psychosocial theories of ageing to discover whether they could be used as theoretical bases for gerontological nursing care.

The care and treatment of older people are affected by the knowledge and views that staff and society have about the implications of ageing. What one considers as important in the care of older people depends largely on one’s theoretical perspective. Nurses’ theoretical perspectives on ageing have been learned through societal norms and values. In Sweden, care of older people is influenced by activity theory (14).

**The study**

The aim of this study was to analyse five well-known psychosocial theories of ageing to discover what they could mean for gerontological nursing. The theories are presented below.

**Method**

The following five theories were chosen for the study because they represent theories with different views on ageing and were described by Schroots (13): activity theory, the disengagement theory of ageing, continuity theory, Erikson’s psychodynamic theory of human development and the theory of gerotranscendence.

The original works concerning the chosen theories were used for the analysis. These were found by searching reference lists and through a Libris WebSearch, which is the collective name for several bibliographic services offered by the LIBRIS Department at the Royal Library in Sweden. The original works of these theorists that were available in Sweden were included in the analysis. The analysis is based on the following sources: Havighurst (15–17), Cumming (18) Cumming and Newell (19), Cumming and Henry (20), Havens (21), Atchley (22–24), Erikson (12, 25–27), Erikson, Erikson and Kivnick (28), Erikson and Erikson (29) and Torstam (30–40).

The theories were analysed from the perspective of human development, human ageing, whether and how they account for care of older people and how their underlying assumptions and values may relate to care.

Fawcett (41) described how analysis of nursing models and nursing theories could be performed in a framework. Ideas from this framework may be used when analysing other theories, such as psychosocial theories of ageing. Fawcett formulated questions and addressed them to the theories. The research questions below are inspired by Fawcett’s framework (41), but formulated to fit the special aim of this study. The research questions guide the analysis.

Research questions:
- What is the history of the theory?
- How is human development described and explained?
- How is the ageing process described and explained?
- Do the theories describe how care of older people could be structured?
• If the theories do not describe how care could be structured to support older people in the ageing process, is it possible, based on the theories’ underlying assumptions, to derive guidelines for how such care could be structured?

Findings

This section begins with a short presentation of each of the theories’ origin and history. Following this, each research question is answered.

The history of the theories

Activity theory is a comprehensive name for a perspective on ageing. In 1948, Havighurst published the first version of a book on the concept of developmental tasks in a lifespan perspective (15). Later on, the central organizational concept of the developmental tasks was named activity theory (13).

In the 1960s, the disengagement theory of ageing was published (18–20). The theory is based on a 5-year study of 275 individuals in the US aged between 50 and 90 years (18).

Continuity theory was presented by Havens (21). The theory has been developed by Atchley (22, 23), who transferred the concepts of the continuity perspective on ageing to a more structured theoretical framework.

Erikson’s psychodynamic theory (12, 27) is a theory of human growth and maturation from birth to old age, which includes the process of ageing. It is a psychodynamic theory describing human development. In his works published in 1950s and 1960s, Erikson emphasized the life course from childhood to young adulthood; in later publications, however, he reconsidered the meaning of these stages. In 1982, when Erikson was 80, he described the task of old age as balancing the search for integrity and wholeness with a sense of despair. In an extended version of ‘The Life Cycle Completed’, published by Joan M. Erikson, both wife and colleague of Erik H. Erikson, a ninth stage of old age and a chapter on the theory of gerotranscendence are included (29).

The theory of gerotranscendence was developed by Tornstam (30–40). It describes the developmental process of ageing. Tornstam has based his theory on his own studies as well as on the theories and observations of others. Tornstam (32) referred to Jung, Erikson, Gutman, Peck, Chinen, Chapman, Grotjahn, Holliday & Chandler, Kramer & Woodruff, Rosenmayr and Storr.

Description of human development

Havighurst (15) described the developmental tasks in a lifespan perspective, which included six developmental stages or age periods. Each stage has different tasks, and all of these tasks have biological, psychological and cultural values. This theory implies that there are no differences between middle-aged and old people, with the exception of biological and health-related factors. In the activity theory, it is assumed that maintaining the activity patterns and values typical of middle age is necessary to having a rich and satisfying life.

The disengagement theory does not directly describe human development, but starts from the assumption that, from middle age onwards, people begin to turn inward. Further the theory states that, as individuals grow older, they withdraw from previous roles and activities. This leads to a gradual withdrawal from society (20).

The continuity theory states that an individual develops habits and preferences and other dispositions during the process of becoming adult and that these become connected with the personality. As adults strive to achieve their goals, their past experiences, decisions and behaviours will form the foundation for their present and future decisions and behaviours (21, 23).

E. Erikson’s psychodynamic theory (12, 25–27) is a theory of human growth and maturation from birth to old age, which includes the process of ageing. According to this theory, human development passes through seven stages, each associated with different identity crises and solutions. For each stage there is an emphasis on ego development, which is underpinned by physical development and biological maturation. The manner in which a person masters any particular stage influences future success or lack of success in mastering the next stage of development. The outcome of each stage results in personal growth. Having arrived at the end, the eighth stage, it is hoped that an individual has attained a higher state of maturity. Erikson considered that development was an evolutionary process based on sequencing biological, psychological and social events. Erikson also believed that the maturation of bodily functions was linked with the expectations of the society and culture in which the person lives.

The theory of gerotranscendence states that human development is a life-long process that continues into old age. Living implies a process during which the degree of gerotranscendence increases, but the process can be obstructed or accelerated by various aspects of the culture. The process towards gerotranscendence, when optimized, ends in a new perspective, which is qualitatively different from those occurring earlier in life (34).

Description of human ageing

In the activity theory perspective, there is an assumption that activity is vital to well-being. Stress is placed on the importance of older people being dynamic and active participants in the world around them. According to this concept, the successful achievement of each task leads to happiness and better chances of success with later tasks. It is assumed in this theory that all older people have the
same psychological and social needs and preferences. This theory emphasizes that well-being and life satisfaction, defined as ‘successful ageing’, are reflected in old age by the extent to which the individual is able to remain involved in the social context, e.g. to maintain social roles and relationships. This theory assumes that the degree of subjective satisfaction achieved depends on how active the individual is. The theory is based on the belief that one’s self-concept is affirmed though activities associated with various forms of role support. As losses occur that are associated with ageing, they should be replaced with new and different roles, interests or people. Ageing should be denied as long as possible, and this should be accomplished by not changing the individual personality (15).

In the disengagement theory of ageing, it is assumed that ageing is a determined, inevitable, gradual tendency to disengage and withdraw from social roles and activities. The process is irreversible once it has started. As a preparation for death, the individual and society gradually separate from one another. The ageing person has an increased preoccupation with self and a decreased involvement with others. The society’s tendency, at the same time, is to reject ageing individuals. This results in decreased interaction between the ageing person and others in the social system. As the number, nature and diversity of the older person’s social contacts diminish, disengagement becomes a circular process that further limits the opportunities for interaction. The theory does not indicate whether society or the individual initiates the disengagement process. The process is satisfying both for the individual and for society. Disengagement does not lead to dissatisfaction or problems for the individual; instead it is associated with satisfaction and harmony. Thus, according to the disengagement theory perspective, successful ageing is best achieved through abandoning social roles and relationships and by the individual reducing both activities and involvement. According to this theory, disengagement is a culture-independent concept, but its expression varies across cultures. Variation in timing and style depends on the individual’s health, personality, earlier type of engagement in social life and the life situation (18–20).

The basic premise of the continuity theory is that, as middle-aged and elderly adults adapt to changes associated with the normal ageing process, they will attempt to rely on existing resources and comfortable coping strategies. In other words, as individuals strive to achieve their goals and cope with ageing, their past experiences, decisions and behaviours will form the foundation for their present behaviour. Thus, future decisions and behaviour remain the same. Continuity of self occurs in two domains: internal and external. Internal continuity occurs when one wants to preserve some aspects of oneself from the past so that the past is sustaining and supporting one’s new self. External continuity involves maintaining social relationships, roles and environments. To the extent that internal and external continuity are maintained, life satisfaction is high. The personality and basic patterns of behaviour are said to remain unchanged as the individual ages. Therefore, the continuity theory of ageing could also be referred to as a developmental theory, because it relates personality and predisposition towards certain actions in old age to similar factors during other phases of the life cycle, e.g. the latter part of life is a continuation of the earlier part and therefore an integral component of the entire life cycle. This theory states that it is of importance for the identity of the person to preserve roles and capacity when growing older. Thus, in this theoretical view, successful ageing depends on the individual’s ability to maintain and continue previous behaviour patterns or to find new roles (21, 23, 24).

In Erikson’s theory, successful passage through the developmental stages earlier in life leads to a synthesis that may be the basis for development towards the last stage, old age. Thus, the ego integration of the eighth stage refers to an integration of the elements of the earlier stages. During this eighth stage, the old individual looks back upon the lived life and sums it up. If the individual is able to accept with satisfaction the way life has turned out, he/she will achieve ‘ego integrity’. If the individual does not reach the eighth stage of ego integrity, he/she will experience despair and fear of death. Erikson called this negative component, in contrast to wisdom, disgust and contempt (27, 28). If the individual achieves ego integrity, he/she will have a fundamental acceptance of the lived life, regardless of how good or bad it has been, and this could be regarded as satisfaction with life. The individual looks back and feels satisfied with the past. This synthesis at the eighth stage is called wisdom, but does not describe what wisdom actually implies (27–29).

In the theory of gerotranscendence, it is suggested that human ageing, the very process of living into old age, is characterized by a general potential towards gerotranscendence. As in Jung’s theory of the individuation process (42), the theory of gerotranscendence assumes a predisposition for a progression towards maturation and wisdom. According to Tornstam, gerotranscendence is regarded as the final stage in a natural progression towards maturation and wisdom, and achieving gerotranscendence implies achieving wisdom. It offers an idea of what positive old age may entail and attempts to describe a positive and natural form of life for older people. Gerotranscendence is described as a shift in metaperspective from a materialistic and rational view of the world to a more cosmic and transcendent one, normally followed by an increase in life satisfaction. It defines a reality somewhat different from the middle-age reality and lifestyle. According to the theory, the individual develops towards gerotranscendence and may experience and show a series of changes. In the process of gerotranscendence, the individual experiences a redefinition of self and of relationships with others and a
new understanding of fundamental existential issues. Thus, the theory of gerotranscendence adopts a perspective that emphasizes change and development. It proposes that the individual becomes, for example, less self-occupied and at the same time more selective in his/her choice of social and other activities. Older people who withdraw from physical and social activities should not be regarded as disengaged or apathetic because they have a greater need for reflection. The signs of gerotranscendence can be described as ontological changes on three levels: the cosmic level, the level of self and the level of social and personal relations (30, 31, 34).

**Ageing theories’ descriptions of the structure of care of older people**

All the studied ageing theories cover different aspects of the ageing process, but none address crucial issues regarding attitudes towards care and the manner in which nursing care should be structured.

**Underlying assumptions and values**

The theories of ageing do not offer a description of how care of older people could be structured. However, because they describe what is considered as desired ageing, it is possible, based on these more or less clear assumptions and values, to understand what would be considered appropriate. The underlying assumptions and values do relate to how staff could support older people in the ageing process.

The activity theory perspective (15) is based on three assumptions: it is better to be active than inactive; it is better to be happy than unhappy; the older individual is the best judge of his or her own success in achieving activity and happiness. The theory asserts that the continuation of activities performed during middle age is necessary for successful ageing. In this perspective, socially active older people are more likely to adjust to ageing. The activity theory proclaims that an older person should continue a middle-aged lifestyle, denying the existence of old age as long as possible. Therefore, it is important that new activities replace the activities that an old person can no longer do. These new activities could involve developing hobbies and volunteering. This may be important for gerontological nurses to support. The theory also proclaims that society should apply the same norms to old age as it does to middle age and not advocate diminishing activity, interest and involvement as its members grow old. Thus, activity theory could be regarded as the opposite pole to disengagement theory. According to the activity perspective, the most important nursing interventions must be to activate the older person (18–20). Staff should instead respect the older person’s wish to be alone. Consequently, care of older people need not contain activities.

In a continuity perspective, successful ageing depends on the individual’s ability to maintain and continue previous behaviour patterns or to find new roles (21, 23, 24). Therefore, nursing interventions should help the individual to cope and to continue earlier life patterns, or if this is not possible, to try to find new roles (43). This theory could be used to discover how nursing intervention could help the old individual to cope with ageing, because one way to predict how an individual will adjust to being old is to examine how that individual has adjusted to changes throughout life. Thus, in this perspective, reminiscence therapy could be used as a tool to maintain roles and identity (44).

Erikson’s theory has stages with specific developmental tasks to achieve. One nursing task could be to facilitate their achievement. Thus, according to Erikson’s psychodynamic perspective, one role for staff could be to help old people reflect upon and sum up their lives, because in this theoretical perspective it is essential, if possible, to work through unsolved crises and try to achieve ‘ego integrity’. Therefore, it could be of value for staff to help the older person reflect on life. Reminiscence therapy, in this perspective, could be seen as an opportunity to change and develop the self, within the extant ontology (34, 39). The nursing theories that indicated that Erikson’s theory has influenced them, namely, King (9, 10) and Roy (11), do not describe the outcome of this influence (8).

In the perspective of gerotranscendence, it is essential to encourage and support older people, and this involves putting the main focus on facilitating and furthering personal growth. Guidelines have been derived from the theory of gerotranscendence (45). These guidelines describe different ways to support older people in their process towards gerotranscendence and are to be used in practical care of older people. They include ways to reduce preoccupation with the body, ideas about conversations that stimulate personal growth and different ways to use reminiscence. In the perspective of gerotranscendence, the goal of reminiscence therapy is to develop the identity; this is a larger reorganization and reconstruction process than in Erikson’s theory, because it also includes changes in the ontological definitions of existence. So, in this perspective, reminiscence work focuses on development rather than on mere maintenance.

**Discussion**

This study included five theories, which could be regarded as a limitation. Additional psychosocial theories of ageing could have been analysed to gain a more complete picture. Yet analysing more theories would probably not have resulted in clearer instructions for nursing. This article
provides just a brief comparison of the quite different perspectives on ageing that these five theories offer. However, it does show rather clearly that the measures considered important in the care of older people are largely dependent on one’s perspective or theoretical view, on the meaning of ageing.

Psychosocial theories of ageing offer different perspectives on the ageing process and the meaning of ageing. These brief analyses showed that the theories describe the ageing process, but do not provide concrete guidance on how to care for older people or how to support them in the process of ageing. However, the theories’ assumptions about what constitutes successful ageing have had an influence on nursing, because care and treatment of older people are affected by the knowledge and views that staff and society have about the implications of ageing. Care of old people is explicitly or implicitly steered by theoretical assumptions about what old age entails. Each theory informs us about older people and points out, though not clearly, some ways to respond to them. The theories of ageing have variously influenced society and staff as regards their views on the ageing process and how care of the older people should be carried out. Staffs’ views on ageing affect how they address and treat older people, as well as which needs in the caring situation they feel must be satisfied. Nurses acquire their theoretical perspective on ageing and views on how to accomplish care through societal norms and values, both in education and at work. Each member of the nursing staff must, thus, consider his/her own view on ageing and how this view influences the care he/she provides. This must include reflecting upon what constitutes successful ageing and understanding that the definition of ‘success’ differs across theoretical perspectives. Choosing a definition of successful ageing also includes more or less consciously choosing what nursing care for older people should entail.

In Sweden, care of older people, staff, care activities and organization of care are all influenced by activity theory. It is not clearly pronounced that we have this perspective, but in the law on social care of older people (46) and in other official documents (47, 48), it is expressed that older people should be offered an active life together with other people. Further, statements implying that rehabilitation is a nursing care need are common. Thus, the theoretical perspective is seldom clearly stated; instead it is something we carry with us that is implicit in the society in which we live.

However, it seems that we are often unaware of the perspectives that influence us. Therefore, it is of great value for staff working with older people to be acquainted with different theories of ageing, so that they can develop a nuanced understanding of older people and adjust treatment to older people’s needs. It should be possible to take the other ageing theories and translate these into guidelines, as has been done with the theory of gerotranscendence (45). It is important to keep in mind that different theories will result in different guidelines. By developing guidelines it will become apparent to staff what the different theories imply in practice. If we offer guidelines derived from different theories to staff, they will have the opportunity to choose what is best suited to the work they do.

Wykle (49) argued that myths and stereotypes about ageing are promulgated by a lack of scientific knowledge of the developmental tasks and mental needs of the older adult and through cultural influences. Further, Wykle argued that we do not know enough about ageing and that, therefore, developmental paradigms must be created for the second half of life so that ageing can be better understood.

Most of the perspectives lack practical guidance regarding how nurses could behave and what actions can be taken to support old people in the developmental process of ageing. This highlights the need to address further the issue of how gerontological care should be provided. It also provides inspiration for the development of a nursing theory based on an ageing theory in which development into old age is included. It could be of great value to discuss and develop nursing knowledge and more concrete nursing theories or practical models. Here, we can also discuss what gerontological care should include. As regards care of older people, it is important to not only focus on medical care, but also on supporting old people in their development and personal growth. There is no opposition here; instead both components are necessary and important. Nursing care must include an understanding of the needs brought about by a changed life perspective. Thus, practical care must take into consideration and show respect for older people’s changed perspective and the particular needs this change implies. What has been lacking here, quite simply, is a nursing care model based on specific theories of human ageing, which could provide instruction for staff on what is important in care of older people. The guidelines derived from the theory of gerotranscendence (45) provide an idea of what a nursing care model for gerontological care should include.

Tierney (50) critically discussed whether extant nursing theories and models have relevance today, and stated that without theory there is no sense of place for new knowledge and no clarity of overall direction for development of the nursing discipline. This is a discussion worth continuing. It is important to add an important point to this discussion: nursing care needs theories of different scope. Therefore, it is relevant to develop more theories that can be used in practice and ageing theories may be an appropriate point of departure for this effort.

Implications for nursing and directions for further studies

It is of value for nurses to be acquainted with different theories of ageing and to learn about different perspectives on ageing. Only through such knowledge can they become
aware of the perspectives they are using and choose to use new ones. But it is not reasonable to expect each individual staff member to be able to determine how a theory could be used in practice. The present analysis of these theories of ageing can only give nurses more knowledge about different views on ageing. However, neither this analysis nor the theories themselves give instructions on how to put theory into practice. More research is needed. It is important to ‘translate’ theories into guidelines that can be used in practice. Further studies could involve investigating whether and how the psychosocial theories of ageing have been used in nursing. Further, it may be possible to derive practical gerontological nursing models from all the ageing theories.

**Conclusion**

The psychosocial theories of ageing studied do not provide any clear guidance regarding how to care for older people and how to support them in the ageing process, but the analysis of the five theories showed that they have underlying values that influence society and staff as regards their views on the ageing process and how care of older people should be carried out. There is a need to translate the other ageing theories into guidelines, as has been done with the theory of gerontoscience, so staff in gerontological care will have tools to use in practice irrespective of which theoretical perspective they choose to use in care. This could also promote care that is tailored to fit the individual older person. Additional nursing theories or models that can be used in practice ought to be developed. Concerning nursing theories intended for use in gerontological nursing, it is necessary to have a clear theoretical basis regarding what ageing implies.

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