The theory of gerotranscendence in practice: guidelines for nursing – Part II

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Aim. The aims of this article were to describe both how guidelines were derived from the theory of gerotranscendence and the actual guidelines. It also discusses the relevance of guidelines to practice.

Background. This article describes how guidelines were derived from the theory of gerotranscendence as well as the content of the guidelines and how they could be used. The view of ageing introduced by the theory may have several consequences for nursing staff members’ attitudes and treatment of older people, as it offers a new understanding of living in old age.

Resultant guidelines. Concrete guidelines at three levels – focusing on the individual, activity and organization – were derived using focus groups. The guidelines describe different ways to support older people in their process towards gerotranscendence.

Conclusion. The theory of gerotranscendence and the guidelines could help support nursing staff in their attitude towards older people and could be used as a supplement to enrich the present care.

Key words: gerontological care, gerontological nursing, gerontological theory, gerotranscendence, guidelines, nursing home care

Introduction

Nursing care and treatment of older people are affected by the knowledge and views that nursing staff and society have about the implications of ageing. Nurses, like other professional groups, perform their occupation on the basis of theoretical knowledge, intrinsic values and practical skills. Our views on ageing affect how we address and treat older people, as well as which needs in the caring situation we think must be satisfied. What one considers as important in the care of older people actually depends largely on one’s theoretical perspective, even if we are not aware of it. Care of older people is explicitly or implicitly steered by theoretical assumptions about what old age entails. Depending on which theoretical perspective one has on ageing and what this perspective implies, the needs one identifies in older people and the interpretation of their behaviour will differ. We have acquired our theoretical perspective on ageing and learned how to accomplish care through societal norms and values, both in education and in work.
However, we are often not aware of the theoretical perspectives we use and are influenced by. Therefore, it is of value for nurses to be acquainted with different theories of ageing and learn about different perspectives on ageing. Only through such knowledge we can become aware of the perspectives we use and choose to use new ones. This article describes how the theory of gerotranscendence can be used in practice.

Most theories of ageing, such as the theory of gerotranscendence, describe the developmental patterns of ageing, but not how to behave towards older people or how to provide good care for them. It is not reasonable to expect each individual staff member to be able to determine how a theory could be used in practice. Therefore, it is important to ‘translate’ theories into guidelines that can be used in practice.

**Aims and objectives**

The aims of this article were to:
- Describe how guidelines were derived from the theory of gerotranscendence;
- Describe the guidelines.

**Guidelines derived from the theory of gerotranscendence**

In the theory of gerotranscendence, Tornstam has introduced a new understanding of ageing, stating that human development is a life-long process that continues into old age and that, when optimized, ends in a new perspective (Tornstam, 1989, 1992, 1994, 1996a,b, 1997a,b,c, 1999a,b).

Guidelines for practical application in the care of older people were derived from the theory of gerotranscendence (Wadensten & Carlsson, 2003). The guidelines advise nursing staff on the important aspects of care if such care is to facilitate the process of gerotranscendence. All guidelines focus on how to encourage and support older people in their development towards gerotranscendence and could also be of value for people who have already attained a state of gerotranscendence. The guidelines were derived to be used in a nursing home setting, but could be applicable in other settings.

The method for deriving guidelines

The method for deriving guidelines from the theory was focus groups (Stewart & Shamdasani, 1990; Krueger, 1998; Morgan, 1998). The involved groups varied in composition, the aim being to achieve variation and to produce as many proposals as possible. The first group consisted of individuals without experience of working in care settings. The second group contained staff from hospital wards, but not geriatric wards. The third group consisted of staff who worked in nursing homes. Each focus group attended a lecture on the theory of gerotranscendence, after which they participated in a group discussion. The aim of the discussions was to determine what kinds of actions and components of care could promote a development towards gerotranscendence, or what might constitute good care for people already approaching gerotranscendence. The theory of gerotranscendence was used both as a foundation for stimulating discussion and as a foundation for the analyses, which involved organizing the emerged proposals. All proposals were compared with one another to detect those with the same content and to discover relations among them. Comparison showed that some proposal content was the same or concerned a similar domain. These proposals were then combined. From this arrangement of proposals, seven themes emerged:

1. Accept the components of signs of gerotranscendence as normal signs of ageing;
2. Reduce preoccupation with the body;
3. Allow an alternative definition of time;
4. Allow thoughts and conversations on death;
5. Choose topics of conversation that facilitate and further older people’s personal growth;
6. Create and introduce other types of activities;
7. Encourage and facilitate quiet and peaceful places and times.

The themes are not mutually exclusive, and some themes are so closely connected that they overlap. For example, the theme ‘create and introduce other types of activities’ also includes conversations that further older people’s personal growth. The seven themes were arranged into three levels: individual, activity and organization. Concrete guidelines for each level were developed. The guidelines include both ‘what to do’ and ‘what to avoid’. The guidelines are summarized in Table 1.

**The guidelines**

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. The guidelines describe different ways to support older people in their process towards gerotranscendence and are to be used in the 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. The guidelines are briefly described in the following text as well as summarized in Table 1.
Table 1 Guidelines

Focus on the individual:
Accept the possibility that behaviours resembling the signs of gerotranscendence are normal signs of ageing

Do:
Do accept signs of gerotranscendence as possibly normal signs in the ageing process

Do not:
Do not regard signs of gerotranscendence as undesirable and incorrect
Do not always try to correct older people with signs of gerotranscendence or change some aspects of their behaviour

Reduce preoccupation with the body

Do:
Do choose a topic of conversation not focusing on health and physical limitations.

Do not:
Do not always routinely ask the residents how they feel

Allow alternative definitions of time

Do:
Do respect that older people can have a different perception of time, such that the boundaries between past, present and future are transcended.
Do ask the person to talk about his/her ‘adventures’ in the past

Do not:
Do not routinely correct older people about the time, when, for example, they seem to be in the past. Do not always try to bring them back to the present.

Allow thoughts and conversations about death

Do:
Do listen when someone talks about death, let him/her speak, listen and ask questions, stimulate further thoughts.
Do inform the other residents if someone among them has died, and allow talking about it.

Do not:
Do not lead the conversation away from death to other topics.

Choose topics of conversation that facilitate and further older people’s personal growth

Do:
Do ask in the morning what the older person dreamt about, instead of asking how he/she feels. If he/she did dream, ask questions about the dream and what it might mean.
Do encourage the older person to recall and talk about childhood and of the old times, and how he/she has developed during life.

Focus on activities:
Accept, create and introduce new types of ‘activities’
Create and introduce new types of activities that encourage and support old people in their process towards gerotranscendence. A number of methods could be suitable and feasible.

Do:
Do let old people decide for themselves whether they want to be alone or participate in ‘activities’.
Do discuss in a group or in individual conversations the topic of growing old, and introduce older people to the theory of gerotranscendence as a possible and positive process of ageing.
Do start reminiscence therapy as a way of ‘working’ with one’s own life history.
This can be done in different ways as: writing down the life history, talking about life history and discussing with some of the staff or talking about life history in a group of other older people
Do arrange a meditation course. Meditation may be a way to get in touch with inherited mental structures

Do not:
Do not assume that participating in arranged activities is always the best alternative
Do not, without reason, nag a person to participate in arranged activities
Do not, without reason, question the person or see the fact that some want to spend a great deal of time alone as a problem.

Focus on organization:
Encourage and facilitate quiet and peaceful places and times

Do:
Do remember to plan and organize for quiet moments of rest and also to respect a person’s wish to be alone in their room.
Do organize so that an older person can have meals in their own room if desired

Do not:
Do not organize many activities in the main rooms or always have the television or radio on in the dayroom the whole day (Wadensten & Carlsson, 2003).
The individual level
The individual level concerns what staff members could do in their individual care of the residents.

Theme 1: Accept the possibility that behaviours resembling the signs of gerotranscendence are normal signs of ageing.

Do
• Do accept signs of gerotranscendence as possibly normal signs in the ageing process.

Do not
• Do not automatically regard signs of gerotranscendence as undesirable and incorrect.
• Do not always try to correct older people with signs of gerotranscendence or change aspects of their behaviour.

Accepting the possibility that behaviours resembling signs of gerotranscendence are normal signs of ageing is, of course, fundamental. Therefore, caring staff should not try to correct or change behaviour in older people showing such signs. Accepting these signs as normal also entails respecting residents’ own desires as to how they spend their time. Link to theory: the guidelines above link to all signs of gerotranscendence described in the theory.

Theme 2: Reduce preoccupation with the body

Do
• Do choose a topic of conversation not focusing on health and physical limitations.

Do not
• Do not always routinely ask the residents how they feel.

It is of importance to reduce preoccupation with the body. This can be done by choosing conversation topics that do not focus on health. By reducing the number of conversations about the residents’ health, the focus will then automatically shift to other subject matters and away from the common topic of health and physical limitations.

Link to theory: this is in accordance with the development of body transcendence proposed in the theory.

Theme 3: Allow alternative definitions of time.

Do
• Do respect that older people can have a different perception of time, such that the boundaries between past, present and future are transcended.
• Do ask the person to talk about their ‘adventures’ in the past.

Do not
• Do not routinely correct older people about the time, when, for example, they seem to be in the past.
• Do not always try to bring them back to the present.

One way to allow alternative definitions of time is to ask the person to talk about their experiences of time and of course to not routinely correct older people about the time. It is not necessarily so that an alternative definition of time is a symptom of the beginning of dementia (though it may be). Perfectly healthy older individuals have been shown to transcend the borders of time.

Link to theory: this is related to the cosmic level: changes in the definition of time and space.

Theme 4: Allow thoughts and conversations about death.

Do
• Do listen when someone talks about death, let them speak, listen and ask questions, stimulate further thoughts.
• Do inform residents if someone among them has died, and allow them to talk about it.

Do not
• Do not lead the conversation away from death to other topics.

It is important to allow thoughts and conversations about death. Listen when someone talks about death and try to stimulate further thoughts by asking questions. Do not lead the conversation away from the topic.

Link to theory: this is related to the cosmic level: the fear of death disappears and a new comprehension of life and death results. Fear of death generally decreases with age, and thus it becomes more natural to talk about death.

Theme 5: Choose topics of conversation that facilitate and further older people’s personal growth

Do
• Do ask in the morning what the older people have dreamt about, instead of asking how they feel. If they did dream, ask questions about the dream and what it might mean.
• Do encourage the older person to recall and talk about childhood and old times, and how he/she has developed during life.

In the care of older people, it is not common for staff to choose topics of conversation to further people’s personal growth. Looking back and reflecting allows for reconfiguration. If this reflection takes a great deal of older people’s time and is important in the process of reconfiguration, it must be of value to promote the process. If staff speak and ask questions about the older person’s life and his/her development during life, the process of personal growth could be promoted. In all these conversations, it is important that staff ask reflective questions, such as: What did it mean to you? In what ways has this influenced you? It is important to stimulate the older person to narrate more, but narration is not enough – it is important to reflect as well.

Link to theory: Tornstam has, referring back to Jung (1967), in informal conversations, discussed the possible importance of dreams for the individual’s growth. Recalling and talking about dreams could start dream work for old people and provide an opportunity for self-confrontation and personal growth. Looking back and reflecting is in accord-
anc with various parts of the theory. It could be a way to rediscover the child within; it could also strengthen the connection to earlier generations or be part of the ego-integrity process.

Activities
This concerns the kinds of activities staff could arrange. This level consisted of Theme 6: Create and introduce other types of activities. These should be activities that encourage and support older people in their process towards gerotranscendence. A number of methods could be suitable and feasible, such as the following:

Do
• Do let older people decide for themselves whether they want to be alone or participate in ‘activities’.
• Do discuss in a group or in individual conversations the topic of growing old, and introduce older people to the theory of gerotranscendence as a possible and positive process of ageing.
• Do start reminiscence therapy as a way of ‘working’ with one’s own life history. This can be done in different ways, such as writing down the life history, talking about life history and discussing with staff or talking about life history in a group of other older people.
• Do arrange a meditation course. Meditation may be a way to get in touch with inherited mental structures, which Jung (1967) refers to as archetypes in the collective unconsciousness.

Do not
• Do not assume that participating in arranged activities is always the best alternative.
• Do not, without reason, nag a person to participate in arranged activities.
• Do not, without reason, question the person or see the fact that some want to spend a great deal of time alone as a problem.

No matter what the activity is, it is important that residents make their own decisions about participation. Talking about growing older and introducing the theory of gerotranscendence as a possible process could give older people a broader perspective on what is ‘normal’ in ageing and also promote the process towards gerotranscendence. When the common assumption in society is that ‘good ageing’ is synonymous with continuing and preserving midlife ideals, activities, roles and definitions of reality, older people may feel guilty if their own development is different from what is expected. This could impede the process towards gerotranscendence. Talking about one’s life history could be a way of understanding life and giving it coherence. One component of the theory of gerotranscendence is the need for time for solitude and ‘meditation’. Meditation has been introduced in recent decades as a method for relaxing and understanding oneself, which is part of a developmental process.

Link to theory: Not everyone will automatically reach a high degree of gerotranscendence. It is rather a process that, at best, culminates into a new perspective. It is a process generated by normal living, but the process can be facilitated or impeded. Reminiscence can be important in older people’s developmental process; it may contribute to the change and reconstruction not only of identity, but also of the way people understand reality. The theory of gerotranscendence states that human development is a process continuing into old age and that, when optimized, this development ends in a new perspective. This process involves development in which individuals gradually change their basic conceptions; it is a shift in an individuals’ approach to defining reality.

For practical reasons, small groups are often necessary when arranging group activities. The above examples of activities can also be carried out with a single person.

Organization
This includes Theme 7 and concerns what aspects of organization of daily care the staff as a whole could consider.

Encourage and facilitate quiet and peaceful places and times

Do
• Do remember to plan and organize for quiet moments of rest and also to respect a person’s wish to be alone in his/her room.
• Do organize so that an older person can have meals in his/her own room if desired.

Do not
• Do not organize a large number of activities in the main rooms or have the television or radio on in the day-room the whole day.

This involves both respecting older people’s desires and deliberately providing opportunities for quiet time, which could be for solitude and ‘meditation’.

Link to theory: This is related to various parts of the theory of gerotranscendence. It refers to the changed meaning of social and individual relations. One becomes more selective and less interested in superficial relations, exhibiting an increasing need for solitude. This is also an approach that promotes the possibility of reminiscing.

In the article describing the study on deriving guidelines (Wadensten & Carlsson, 2003), references are given to
other sources that support each of the guidelines. This shows that other researchers or theorists have had thoughts in line with different aspects of the ideas presented both in the theory of gerotranscendence and in the guidelines.

Studies about introduction of the theory of gerotranscendence in practical care

One study in Sweden introduced the theory of gerotranscendence in a nursing home through seminars and group discussions (Tornstam, 1996a). In this study, the theory was introduced, but there were no concrete guidelines on how to use the theory in practice. This study showed that a large proportion of staff felt that the theory corresponded to their experiences as caregivers and some of the staff changed their behaviour towards care recipients by increasing listening and permissiveness. After this study was conducted, practical guidelines were derived from the theory. Therefore, it was essential to perform a new study and introduce the guidelines into practice. Because the first study (Tornstam, 1996a) did not fulfil the various steps required of an innovation process, in the evaluation it was important to carry out a study that takes the innovation process into consideration, i.e., to identify which of the staff members accept/adopt the theory and guidelines, and the reasons for their acceptance. This study has been carried out and is described in Part III.

Discussion

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. Thus, the derived guidelines do propose something quite different from what is regarded as important in the care of older people based on other theoretical perspectives. These guidelines make it easier for staff to understand how to relate to, treat and act towards older people; all of the recommended guidelines are feasible.

Hauge (1998) argues that nursing staff have been trained to think, and socialized into a role in which everybody thinks, that all older people should be activated irrespective of their own wishes. Thus, nursing staff have been influenced by the activity theory paradigm. They have learnt that activity is healthy and that activity may prevent social isolation, physical decline and complications. Thus, staff members feel that knowledge of this phenomenon implies a right and duty to activate the older individual who is under their care. Further, Hauge argues that some staff perceive that they force older people to be active. This was also shown in another study by Tornstam (1996a).

The theory of gerotranscendence and the guidelines may help nursing staff in their attitudes and behaviour towards older people and may support them in providing practical care. The guidelines could be regarded as a ‘toolbox’ designed for use by nursing staff. It is worth mentioning that the guidelines are intended to be used as a supplement to enrich the care of older people, but not as a replacement for present care.

Recommendations for further research and development

This set of guidelines should be seen as the first step in applying the theory of gerotranscendence in practice. Deeper knowledge about the theory and research could result in developing further guidelines. Additional research could focus on the use of guidelines in practice.

References


