

Gerotranscendence as an alternative ageing theory



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The theory of gerotranscendence has been chosen for the purpose of this essay as it represents an alternative ageing theory and can be useful when planning to carry out a research project in a nursing home with the aim to find out how elderly people experience their daily life in an institution. The theory of gerotranscendence may help provide a more balanced understanding of the quality of life of the older adult living in a nursing home (Tornstam, 1989; Tornstam, 1997b). A brief description of the theory of gerotranscendence follows.

Fawcett (2000) argues that the theories on human ageing may be divided into two main categories: biological ageing theories, and the psychological and social ageing theories. This essay aims to describe, analyze and present a critique of Lars Tornstam's theory of Gerotranscendence.

According to Tornstam (1992, 1994, 1996a) human ageing is characterized by a general process towards gerotranscendence. Gerotranscendence is a shift in meta-perspective, from a materialistic and rational view of the world to a more cosmic and transcendent view. It is a natural and individual process that leads to maturity and wisdom in old age (Tornstam, 1996b).

Within this essay, the basis of this theory will be explored, together with the analysis of its development. Moreover, the theory of gerotranscendence will be viewed in the light of the nursing science and whether it is easy and logical to comprehend. Values and assumptions will also be reviewed. These are the topics that this essay will attempt to discuss in relation to the nursing practice, education and research.

2. 0 – Description of the Theory of Gerotranscendence

The theory of gerotranscendence was developed by Lars Tornstam, professor of sociology at the University of Uppsala in Sweden. This theory has been developed as a reaction to the prevailing ageing theories within gerontological nursing (Tornstam, 1992).

Tornstam (1992, 1994, 1996a) states that human ageing, i. e. living into old age, is characterized by a general process towards gerotranscendence. This process involves a change in the way individuals perceive basic concepts, and it occurs after a certain point in life. The definition of reality also changes as a result of this. In a normal ageing process this shift is made from the middle-aged person's definition of reality based on a materialistic and rational vision, to the ageing person's more cosmic and transcendent vision. Tornstam turned to eastern cultures and religion, in the form of Zen Buddhism in order to formulate his theory (Tornstam, 1992, 1994, 1996a).

According to Tornstam (1994), a transcendent vision of life involves a change in the perception of time, so that the boundaries between past, present and future are erased. In the same way the boundaries between the self and other individuals may also become diffused. These boundaries between past, present and future, and between self and others, which in a materialistic and rational way of thinking are so important, become superfluous in old age (Tornstam, 1992, 1994, 1996a).

As a consequence, the individual with a transcendent perspective experiences in old age a need to spend more time on meditation and less on material things and superficial social relations. The material world is avoided,

whilst the older adult turns to spirituality a more important concept in life. A person who has experienced gerotranscendence view the younger generation as captured in a materialistic conception of the world, spending their time on superficial relationships and things (Tornstam, 1989). Thus, as Tornstam sustains, after mid-life there is a new conception of life, which in turn brings a change in how we look at life i. e. a shift in meta-perspective, as Tornstam labels it. This new meta-perspective provides the individual with an easy way to understand what to value in old age (Tornstam, 1994).

The shift in meta-perspective is normal for all individuals according to Tornstam, since it is genetically conditioned. Gerotranscendence is the end result of a natural process towards maturation and wisdom in which reality is defined differently than in mid-life. Due to its natural origins, gerotranscendence lead the older adult to have an increased life satisfaction after mid-life (Tornstam, 1994). The progression towards gerotranscendence may be hindered or accelerated by cultural characteristics. The presence of predominant values of effectiveness, materialism and independence in Western culture may obstruct or retard such process (Tornstam, 1997c).

Tornstam suggests that the theory of gerotranscendence is one of several valuable theories on ageing (Tornstam, 1994). Other theories, such as the social breakdown syndrome, may be relevant for some elderly people (Fawcett, 2000). This theory is meant as a supplement which represents another paradigm. However, Fawcett (2000) suggests that two paradigms may be valid at the same time, it is only necessary to know what they represent.

3. 0 -Theory of Gerotranscendence: An Analysis

3. 1 – Concept Analysis

No definition of the concept behind gerotranscendence is provided by the author (Thorsen, 1998). Rather than providing a definition, the author of this theory chooses to describe the concept by an analysis of social values combined with a portrayal of the distinctive features of gerotranscendence (Thorsen, 1998; Gamliel, 2001). One may argue that the lack of a direct definition of the concept behind this theory may itself cause vagueness in its usage both in education and practice. Within practice nursing, there is a general agreement within the literature that signs of gerotranscendence are often interpreted as pathological rather than a natural process (Gamliel, 2001; Wadensten & Carlsson, 2000; Wadensten, 2007). Wadensten and Carlsson (2000) argued that a lack of a clear definition of the concept behind gerotranscendence may result in an incorrect and/or absent theoretical framework to relate to, influencing both nursing in practice and nursing research (Meleis, 1991). Perhaps Tornstam has chosen not to define the concept because he thinks that a brief description would only serve to narrow down the understanding of the concept (Fawcett, 2000; Watson, 1997). One may also argue that the lack of concept definition can be used as an advantage both in nursing research and practice as it will unconsciously increase its applicability in different contexts (Meleis, 1991).

Is the Concept logically derived?

The concept of gerotranscendence is in many respects a logical one since it is intuitively easy to understand as it may make the readers recognize their own ageing process and their experiences with older adults (Meleis, 1991:

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Wadensten, 2006). Within an academic point of view, this type of intuitive feeling for a concept is not considered very scientific, but is probably important since it makes it easier to grasp the general idea of the theory. On the other hand, the lack of definition makes it more difficult to understand.

Secondly, Tornstam derives the concept of gerotranscendence from concepts present in Eastern cultures and eastern Philosophy, such as Zen Buddhism which are rather unfamiliar and unscientific from a Western cultural and logical point of view. Concepts such as mystical, meditation, cosmic communion and especially his description of diffuse borders in time and between objects, makes the concept of gerotranscendence hard to understand in a logical sense both in nursing education and nursing practice (Thorsen, 1998: Wadensten, 2007a). The shift in meta-perspective i. e. past, present and future become diffused, whilst the self and others become indistinct are often denominated to be pathological in Western cultures (Wadensten, 2007a). From this perspective the concept of gerotranscendence may appear illogical.

In line with these arguments, Wadensten and Carlsson (2000) investigated whether nursing staff in Swedish nursing homes could recognize signs of gerotranscendence. Qualitative interviews and an interview guide based on the theory of gerotranscendence were used.

Findings showed that staff noticed signs of gerotranscendence; however most of these signs were interpreted as 'pathological' sustaining previously raised arguments (Wadensten and Carlsson, 2000). If the theory of

gerotranscendence is used to provide an interpretative framework, these signs would be seen as normal aspects of ageing.

3. 2 Theory Analysis

The basis of the Theory of Gerotranscendence

Tornstam (1992 and 1997a) argues that within gerontological research there is a prevailing research paradigm which negatively affects nursing and gerontological research and alternitavely health care distribution. He (Tornstam, 1994) states that gerontology is encapsulated in a natural science paradigm, entailing that research is primarily focused on the behavior of the elderly, where the individuals are regarded as research objects only, discarding experiences, attitudes and behaviors. This research paradigm generally states that the researcher shall assess and analyze the actual facts concerning a phenomenon in an objective and unbiased manner. Tornstam (1992 and 1997a) argues that within this prevailing gerontological research the latter is not achieved.

Gerontological and nurse researchers can modify the paradigm by asking the elderly themselves about their understanding and experience of their own situation, in other words a more phenomenological approach. Wadensten (2005) conducted a qualitative descriptive study in order to introduce the theory of gerotranscendence to older people. Participants were invited to participate in group sessions at a day centre during which they discussed their ageing process. A video on the theory of gerotranscendence was shown, and participants were asked to discuss the description of the ageing process described in the video with their own personal experiences. From

this study, Wadensten (2005) concluded that involving the elderly in their own care is an opportunity to use aspects of the theory of gerotranscendence as an intervention in nursing. Wadensten (2005) argued that nurses are in an ideal position to improve the quality of life for the older adult and to promote health using a phenomenological approach, through discussions about ageing.

Furthermore Tornstam (1992) claims that the anthropological research tradition may be useful in this respect. An immediate reaction in the nursing literature (Thorsen, 1998; Gamliel, 2001; Wadensten, 2007a; Roy, 1984 consider referencing actual article) proposes the following questions:

Does Tornstam himself consider this criticism when formulating his own theory?

Does reversing the prevalent paradigm mean that one is assuming the perspective of the elderly? Isn't it a researcher in mid-life who is performing this "reversal"?

Does turning to Eastern religion and philosophy mean that the elderly in Western cultures are not being taken seriously?

It is conspicuous that Tornstam, who criticizes gerontological research and theory development, appears to fall into the same trap as the other theoreticians. Some authors argue that the basis of the theory of gerotranscendence is acquired only from a little number of elderly. Others argue that such theory should be developed by asking elderly populations within a Western culture. However Tornstam (1989) justifies the latter as he

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thinks that they are captured in a materialistic and rationalistic world.

Tornstam reverses the values he claims are predominant in the West, stating that they are the real values of the elderly.

Tornstam also does not ask the elderly from a Western culture about their vital spiritual values. Most of the elderly in the West have their spiritual roots in this religion. Perhaps nursing practice, research and education would have felt more familiar with Tornstam's ideas if he had based his theory on Christian philosophy and Western Cultures.

What Kind of Theory and at Which Level is it Valid?

Tornstam recounts his own increasing feeling of doubt when the theory of disengagement was rejected by the gerontological community. He had first agreed that the theory should be rejected, but later he felt intuitively that this theory had an explanatory force which gerontological researchers were unable to achieve. Tornstam thus used logical reasoning combined with his own feelings when formulating the theory, which indicates a theory based on deduction (Tornstam, 1989).

On the other hand, empirical data have evidently been vital to the formulation of the theory. Tornstam reacted to the many myths on ageing that persisted even though empirical research proved the opposite (Tornstam, 1989). He also noted that the elderly themselves reported being very satisfied with their lives, even though they had evidently reduced their social activity, and also did not feel lonelier in old age than earlier in their lives (Roy, 1984). These empirical findings clearly contributed to the

formulation of the theory of gerotranscendence. Moreover, it provides a new understanding of what is called ' passivity' of the elderly (Tornstam, 1989).

The theory of gerotranscendence is mainly developed through deduction, but also with input of empirical data, and hence is doubtless quite typical. It is hard to define the theory as either deductive or inductive, but it is probably primarily deductive (Gamliel, 2001: Wadensten, 2006).

Generalisation Potential of the Theory?

The theory states that all humans will naturally develop towards gerotranscendence, that this is a universal phenomenon. In other words, the theory aims to apply for all individuals (Wadensten, 2006). What about the difference between Eastern and Western values? The theory also includes strategies to explain why the expected development towards a transcendent existence does not occur. These explanations state that cultural characteristics may prevent such a normal development. On the other hand Thorsen (1998) argues that in Western post-modern cultures the ageing processes are becoming manifold, often contradictory. Elderly present versions of the selves that are becoming complex, multiplied (multiple selves), acting at different scenes, stamped by varied cultural values, presenting mixed versions of activity and passivity, engagement and retractment, wordliness and transcendence (Thorsen, 1998). This in turn sheds further doubts on the ageing process and how such process should be viewed by the healthcare workers, nurse researchers and the elderly themselves. Redfern and Ross (2006) argue that despite numerous theories of ageing, interpretative frameworks and guidelines of care, the ageing

process and the care involved cannot be standardized into one single definition and/or guidelines of care.

What is the Aim and Intention of the Theory?

The theory of gerotranscendence attempts to explain why a transcendent form of life is the most natural one. His explanation is that this is a biological necessity for everyone. Tornstam also explains why we don't see so much transcendence among the elderly in our Western culture (Wadensten, 2006). He claims that this is because our culture does not allow or appreciate transcendence, and instead regards such phenomena as unnatural and irrational. It may also be discussed whether the theory presents predictions about a positive old age. The theory states that a transcendent old age is positive and this may be understood as a normative prediction on old age. On the other hand, Thorsen (1998) warns that Tornstam's theory should not be viewed as a universal process, applicable for every human being. Thorsen (1998) narrates that old age and its process are embedded within society as the latter contains notions about normative "appropriateness" to various age groups.

4.0 – Critique of the Theory

Is the Theory Coherent and Consistent?

The theory is predominantly coherent, for a reader it is easy to understand what Tornstam means when he describes the ageing process as a development towards a more contemplative form of life. Thorsen (1998) highlights some unclear arguments from the theory presented by Tornstam.

Thorsen (1998) argues that the theory of gerotranscendence points out that throughout mid-life an individual is more materialistic and rational.

If it is true that we are more materialistic and rational in mid-life should that not apply to everyone, also those people living in the East? If this is a genetic factor it should apply to all people. Or do cultural characteristics take precedence over biological factors? (Thorsen, 1998). Thorsen (1998) considers this part of Tornstam's theory to be somewhat vague and inconsistent. In line with this perspective Thorsen (1998) argue that old people, like young people, are undergoing an individual and social process of change. At the same time individuals of all ages are influenced by changes in the 'spirit of the age.' Thorsen (1998) argues that irrelevant from the age group; changing cultural characteristics leave their stamp both on the individual's world-view and his/her perception of self. The main argument of Thorsen (1998) is that he rejects the notion proposed by Tornstam that transcendence is determined by intrinsic genetic factors.

In fact Thorsen (1998) states that self is neither cultural, ahistoric, bodiless and genderless in the ageing process. This argument puts more doubts on how the older adult and the ageing person should be viewed within the society, more precisely within the healthcare system.

Furthermore, one may question whether there is consistency between Tornstam's own paradigm and his theory. According to his research paradigm the values and opinions of the elderly themselves shall form the basis of theories on ageing which in turn provide an interpretative framework in health care education and practice settings. The theory of

gerotranscendence is logically derived from another theory and is based on empirical research with the elderly as research objects. One may argue that it is hard to find the consistency here between Tornstam's theory and his paradigm. Likewise, the consistency becomes somewhat ambiguous between Tornstam's research paradigm and his own research to verify his theory as the author applies the survey method (Tornstam 1994) to verify his own theory, which may seem rather peculiar viewed in the light of his severe criticism of the natural science paradigm. Tornstam (1996b) also states that phenomenological philosophy and anthropology may be useful points of departure for approaching the theory. It can hardly be said that Tornstam himself employs such a theoretical basis; it was not before the qualitative study in 1997 that he introduced this approach.

The implications of the above argument on nursing education involve that further research is required in order to test the validity of the theory of gerotranscendence, as research on the latter is limited. This is also sustained the nursing literature reviewed for the purpose of this essay (Gamliel, 2001: Wadensten and Carlsson, 2002: Wadensten and Carlsson, 2000). Within the practical settings, the implications of the above argument involve the revising of the practical guidelines provided by Tornstam, based on his theory (Wadensten and Carlsson, 2002). Although these guidelines provide an interpretative framework for nurses within nursing practice, when viewed in the light of lack of rigorous nursing research about the topic, one needs to consider their specificity and sensitivity to identify the signs of gerotranscendence in the older adult.

Is the Theory Useful for Nursing?

The theory of gerotranscendence is formulated in a gerontological research community and is not specifically linked to nursing (Gamliel, 2001; Tornstam, 1997b). Will the theory of ageing in general and this theory in particular be useful for nursing? In order to answer this question one must first explain what is meant by useful. Theory may be useful both for developing the theory structure of an academic subject and for the practical exercise of a profession (Meleis, 1991).

In terms of theory structure this theory may lead to a more balanced understanding of the old patient. The theoretical bases that have been predominant within nursing are role theories and the activity theory. Role theories, such as the theory of the social breakdown syndrome, explain the withdrawal of the elderly as loss of role in society (Redfern & Ross, 2006). The passivity of the elderly in institutions has also been interpreted with similar theories.

Thus, there are grounds for stating that the theories which have so far been employed in nursing are based on one paradigm and mainly on one explanatory strategy - loss of roles (Fawcett, 2000). When the withdrawal of the elderly is only considered a disadvantage and is explained to be caused by loss of roles, it is logical that activation is chosen as a means to curb a negative development. The theory of gerotranscendence may provide another interpretation and explanation of the withdrawal of the elderly (Wadensten, 2006; Wadensten and Carlsson, 2002).

For practical nursing a new perspective may have concrete consequences, both for the occupation itself and for the nurse personally. Nurses, like other occupational groups, perform their occupation on the basis of theoretical knowledge, intrinsic values and practical skills. A practicing nurse is many years younger than the old patient and will probably be influenced by those values that Tornstam calls Western and which are predominant in mid-life. Because of all these factors the nurse may easily find that the old person has a passive and pathetic form of life, and consider the right remedy will be to activate the patient (Wadensten, 2006: Wadensten and Carlsson, 2002).

Nurses have till now been trained to, and been socialized into a role in which everybody thinks that all elderly are to be activated whether they want to or not. Nurses have learnt that activity is healthy and we know that activity may prevent social isolation, physical decline and complications (Redfern and Ross, 2006). Thus, the nurse feels that her knowledge of this phenomenon gives her a right and duty to activate the old patient. The nurse can motivate and defend her choice of action by a theory which states that it is good for people, including the elderly, to be active.

In this perspective one may argue that Tornstam's theory may be a useful supplement. If his theory is emphasized as much in practical nursing as the above mentioned theories have been, the nurse will be entitled to let the patient choose what many of us would call passivity. The nurse will be able to explain on the basis of a theory why the patient has been given such a choice (Wadensten, 2006: Wadensten and Carlsson, 2002). Secondly, the nurse will have a better conscience while performing her job. Many nurses find they are forcing the elderly to be active. This type of coercion is against <https://assignbuster.com/gerotranscendence-as-an-alternative-ageing-theory/>

ethical principles such as the autonomy principle, and serves to give the nurse a bad conscience. The nurse is in an awkward position, between the benevolence principle based on the paradigm that Tornstam criticizes so heavily and the autonomy principle. The theory of gerotranscendence may help to lessen the conflict between these two principles.

5.0 – Conclusion

Tornstam's theory of gerotranscendence introduces a completely new method of interpreting old age. What makes this theory special is his new interpretation of the withdrawal and passivity of the elderly as another form of activity. This activity is qualitatively different from the visible activity that we have focused on so far, in the form of social activity and engagement.

Tornstam labels this form of activity transcendence and says that it helps to enhance the experience of a good life. Tornstam contributes to a balanced understanding of living into old age, and is obviously right in his criticism of how we have transplanted mid-life values into old age. His theory may to a large extent provide a new understanding of life in old age, for example old people who refuse to extend their social sphere, or who do not find activities in institutions meaningful.

Tornstam's theory is interesting and exciting to read and is extremely relevant for nursing. It can offer new ideas to nursing and insights into ageing and into those values and theories that influence the exercise of a practical occupation.