

Theory-driven guidelines for practical care of older people, based on the theory of gerotranscendence

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Submitted for publication 17 April 2002

Accepted for publication 21 November 2002

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WADENSTEN B. & CARLSSON M. (2003) *Journal of Advanced Nursing* 41(5), 462–470

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Introduction. The theory of gerotranscendence states that human development is a process extending into old age. When optimized, this process ends in a new perspective. The developmental process towards gerotranscendence can be obstructed or accelerated by life crises and grief, but elements in the culture can also facilitate or impede the process. Similarly, the caring climate can obstruct or accelerate the process toward gerotranscendence. The view introduced by the theory may have several consequences for staff treatment of and actions towards older people, as it offers a new understanding of living into old age.

Aim. The aim of the present study was to derive guidelines for practical use in the care of older people. The guidelines should be used to promote a development toward gerotranscendence and should also be of value for people who already have attained a state of gerotranscendence.

Methods. The method of deriving guidelines from the theory was focus group interviews. The theory of gerotranscendence was used as a foundation for stimulating the discussions in the focus groups as well as for organizing the proposals that emerged.

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

Conclusion. These guidelines could support staff in their practical care of older people and could be used as a supplement to enrich the present care.

Keywords: care of older people, nursing, gerontological theory, gerotranscendence, guidelines, nursing home

Introduction

The theory of gerotranscendence was developed by Tornstam (1989, 1992, 1994, 1996a, 1996b, 1997a, 1997b, 1997c, 1999a, 1999b) and presented a new understanding of the

developmental process of ageing. According to Tornstam, human ageing is characterized by a general potential for gerotranscendence, which is the final stage in a natural and individual process towards maturation and wisdom. Gerotranscendence is, accordingly, a natural developmental

What is already known on this topic

- The theory of gerotranscendence states that human ageing is a process continuing into old age, and that this process, when optimized, ends in a new and qualitatively different perspective on life.
- Staff working with older people do notice signs of gerotranscendence but do not know how to respond.

What this paper adds

- This paper introduces guidelines for practical use, describing different ways of supporting older people in the process towards gerotranscendence, to assist staff in understanding how to relate to and act towards older people.

process. This process involves a development in which individuals gradually change their basic conceptions, resulting in a shift in their definition of reality.

Gerotranscendence is a shift in metaperspective from a materialistic and rational view of the world to a more cosmic and transcendent one, normally accompanied by an increase in life satisfaction. According to the theory, the individual developing towards gerotranscendence may experience a series of changes, and experiences a redefinition of Self and of relationships with others, as well as a new understanding of fundamental existential issues.

The theory of gerotranscendence proposes that the individual becomes, for example, less self-occupied and, at the same time, more selective in their 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. These levels and their components, as observed in and described by healthy older people, are summarized in Table 1.

The theory of gerotranscendence is different from other theories of ageing, because it defines a reality somewhat different from the middle-age reality and lifestyle. Other theories of ageing are often based on the assumption that 'successful ageing' implies having the same activities and ideals as in middle-age. The theory of gerotranscendence states that human development is a process continuing into old age, and that this process, when optimized, ends in a new perspective, which is qualitatively different from those

Table 1 Signs of gerotranscendence

| Level | Signs |
|---------------------------------|---|
| The cosmic level | <p><i>Time and space.</i> Changes in the definition of time and space develop. For example, a transcendence of the borders between past and present occurs.</p> <p><i>Connection to earlier generations.</i> Increasing attachment. A change from a link to a chain perspective ensues.</p> <p><i>Life and death.</i> A disappearing fear of death and a new comprehension of life and death.</p> <p><i>Mystery in life.</i> The mystery dimension of life is accepted.</p> <p><i>Subject of rejoicing.</i> From grand events to subtle experiences; the joy of experiencing macro-cosmos in microcosmos materializes.</p> |
| The self | <p><i>Self-confrontation.</i> The discovery of hidden aspects of the self – both good and bad – occurs.</p> <p><i>Decrease of self-centredness.</i> The removal of self from the centre of one's universe occurs.</p> <p><i>Development of body transcendence.</i> Care of the body continues, but the individual is not obsessed by it.</p> <p><i>Self-transcendence.</i> A shift occurs from egoism to altruism.</p> <p><i>Rediscovery of the child within.</i> Return to and transfiguration of childhood.</p> <p><i>Ego-integrity.</i> The individual realizing that the pieces of life's jigsaw puzzle form a wholeness.</p> |
| Social and individual relations | <p><i>Changed meaning and importance of relations.</i> One becomes more selective and less interested in superficial relations, exhibiting an increasing need for solitude.</p> <p><i>Role-play.</i> An understanding of the difference between self and role takes place, sometimes with an urge to abandon roles. A new comforting understanding of the necessity of roles in life often results.</p> <p><i>Emancipated innocence.</i> The addition of innocence to maturity.</p> <p><i>Modern asceticism.</i> An understanding of the petrifying gravity of wealth and the freedom of 'asceticism' develops.</p> <p><i>Everyday wisdom.</i> The difficulty in separating right from wrong is discerned and a preference for withholding judgements and advice is developed. Transcendence of the right-wrong duality ensues.</p> |

For more details, see Tornstam (1996b).

occurring earlier in life. The developmental process towards gerotranscendence can be obstructed or accelerated by life crises and grief, but elements in the culture can also facilitate or impede the process. Furthermore, the caring climate can obstruct or accelerate the process towards gerotranscendence (Tornstam 1996a).

Care and treatment of older people are affected by the knowledge and views that staff and society have about the

implications of ageing. The views of staff on ageing affect how they treat older people, as well as which needs in the caring situation they feel must be satisfied. What one considers as important in the care of older people actually depends largely on one's theoretical perspective. 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 more nuanced understanding of older people and adjust treatment to their needs.

Erikson's psychodynamic theory is well-known and concerns human growth and maturation from birth to old age (Erikson 1950, 1982). Human development is described as an individual passage through seven stages, each associated with different crises. Arriving at the end, the eighth stage, it is hoped that an individual has attained a higher state of maturity. During the eighth stage, the individual reaches a fundamental acceptance of their life, regardless of the quality of that life. In Erikson's theory, ego-integration primarily refers to integration of the elements of the life spent. 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 about old age as well as a chapter on the theory of gerotranscendence are included (Erikson & Erikson 1997).

Many nursing theorists have adopted a relatively clear developmental perspective in their theories. As a function of individual experience, people develop and change during the life course. Benner and Wrubel (1989), King (1971, 1981), Roy (1971, 1984, 1988, 1997), Travelbee (1971) and Watson (1987, 1988, 1997) have dealt with some aspects of human development towards old age that indirectly affect attitudes towards care of older people. King (1971, 1981) and Roy (1971, 1984, 1988, 1997) indicated that Erikson's psychodynamic theory of human development has influenced them. However, none of the nursing theorists mentioned above have provided practical guidelines for the care of older people.

In Sweden today, the municipality (local government authority) is responsible for care of older people and this care is organized in different forms of nursing home and home care. Our impression is that at present staff, care activities, and care organization are all influenced by activity theory. This emphasizes that well-being and satisfaction with life are reflected in older age by the extent to which individuals are able to maintain their involvement in the social context. Activity theory maintains that people who age best are those who remain involved in social roles and personal relationships. A fundamental assumption in this theory is that the more activity undertaken, the greater the life satisfaction (Hooyman & Asuman Kiyak 1988).

However, the view of older people and the ageing process introduced by the theory of gerotranscendence may have

several consequences for the overall treatment of older people by staff because it provides a new description of what ageing can imply. According to an analysis and critique of the theory of gerotranscendence by Hauge (1998), the theory could be regarded as interesting and relevant for nursing because it offers a new understanding of the ageing process. It could also lead to new nursing behaviour in the care of older people. Further studies have shown that staff working with older people do notice signs of gerotranscendence, but that their interpretations of these signs are highly variable. These studies also indicate that staff members do not know how to relate to people with signs of gerotranscendence (Tornstam & Törnqvist 2000, Wadensten & Carlsson 2001).

Concrete guidelines for how to relate to and treat older people and how to act in their daily work could be helpful to staff. These guidelines should include steps that might further this transcendental process, as well as other factors relevant to the treatment of people who are already approaching gerotranscendence.

The study

Aim

To derive guidelines for practical use in the care of older people. The guidelines could be used to promote a development toward gerotranscendence and could also be of value for people who already have attained a state of gerotranscendence.

Method

A qualitative study with focus group interviews was performed (Morgan 1998). The theory of gerotranscendence was used as a foundation both to stimulate focus-group discussions and to organize the proposals that emerged. References to other sources supporting the guidelines are given in the findings section.

Informants

The study was performed in Sweden during 1999–2000 and three focus groups, varying in composition, were used:

Group 1 consisted of individuals without experience in caring. This was a group of five people with different occupations, a construction worker, an economist, a nursery-school teacher, a secretary and an intermediate-level teacher. They were aged between 32 and 61 years, with two men and three women.

Members of Group 2 were staff with caring experience, but not in gerontological care. This was a group of four staff, two

nurses and two nursing assistants working on the same medical ward. They were aged between 25 and 52 years, and there was one man and three women.

Group 3 was made up of staff with experience in caring for older people in a nursing home setting. This was a group of nine, with two nurses and seven nursing assistants, aged between 20 and 63 years, and included one man and eight women.

Inquires at different place of works in the same town were made, and all those interested were recruited. A convenience sample was used because it was more important to get interested participants, than a randomly selected sample.

The use of groups with different composition was a deliberate choice. The aim was to achieve variation and to produce as many viewpoints and proposals as possible. The choice of people without caring experience was made to try to obtain ideas not biased by previous work in the area. The staff members from other kinds of wards were chosen to provide alternative views of care. The staff members working with older people in a nursing home were chosen to obtain ideas from staff with these experiences. Both groups including staff were recruited through information sent to the wards about the aim of the study. All interested staff members were allowed to participate in the focus group. Informed consent was obtained from all participants.

Focus group process

A focus group interview is a group interview about a defined topic (Morgan 1998). The topic chosen is developed through interaction among group participants, and it is possible for participants to bring up and discuss their own experiences with and thoughts on the topic (Stewart & Shamdasani 1990, Morgan 1998).

The focus groups were first given a brief talk on the theory of gerotranscendence by the first author. The signs of gerotranscendence were described and a short description of the distinction between the theory and other theories of ageing was given. Thereafter, the participants were asked to suggest what actions and components of care could promote development towards gerotranscendence or what might constitute good care for people already approaching gerotranscendence. They were encouraged to speak as frankly as possible and told that all proposals emerging from the discussions would be of interest. This initial discussion led to some proposals. To further stimulate and deepen the discussion, each sign of gerotranscendence was discussed to obtain suggestions of how to promote development towards this particular sign. Each focus group interview lasted 1.5–2 hours and was audio tape-recorded.

Data analysis

Data from focus groups can be analysed by various methods, both quantitative and qualitative (Stewart & Shamdasani 1990). In this study a qualitative approach was used. The intention was to identify many proposals as well as to present them easily and comprehensibly. An abridged transcript (Krueger 1998) from the focus groups was made by the first author as follows.

First step. From the transcript text, all proposals from all focus groups were arranged in a list, so that proposals from all focus groups were combined and analysed together. The theory of gerotranscendence was used as the basis for organizing the proposals that emerged. All proposals were compared with the theory of gerotranscendence by the first author to discover each one's relevance in supporting development towards gerotranscendence, or in helping people already approaching gerotranscendence. Thus in this step the proposals were arranged according to the individual signs of gerotranscendence. The number of proposals is shown in Table 2. Because the same proposals were suggested for several of the signs, they were placed under several signs. Some signs had no proposals and some proposals were removed as they did not refer to any of the concepts of the theory.

Second step. 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:

Table 2 Number of proposals arranged according to signs of gerotranscendence

| Signs | Number of proposal |
|--|--------------------|
| Time and space | 3 |
| Connection to earlier generations | 3 |
| Life and death | 6 |
| Mystery in life | 3 |
| Subject of rejoicing | 4 |
| Self-confrontation | 6 |
| Decrease of self-centredness | 1 |
| Development of body transcendence | 3 |
| Self-transcendence | 4 |
| Rediscovery of the child within and transfiguration of childhood | 1 |
| Ego-integrity | 10 |
| Changed meaning and importance of relations | 5 |
| Role-play | 1 |
| Emancipated innocence | 0 |
| Modern asceticism | 0 |
| Everyday wisdom | 0 |

- 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.

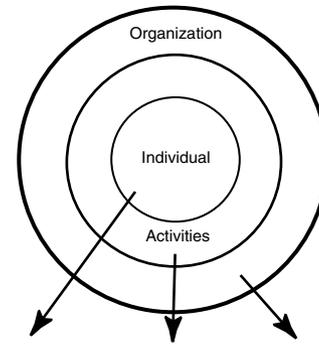
The themes are not mutually exclusive, and some themes are so closely connected that they overlap. For example, the theme 'create and introduce other types of activities' also includes conversations that further older people's personal growth. At this stage, a nursing colleague assisted as co-examiner and made a judgement concerning the arrangement of proposals into themes.

The co-examination showed a few differences about some proposals arrangement into theme five and six. These were discussed between the author and the co-examiner so consensus was reached.

Third step. The seven themes were then grouped into three levels: individual, activity and organization. The individual level concerned how each staff member could act, and the activity level concerned what sorts of activities could be arranged and how staff ought to behave toward residents regarding their participation in activities. The organization level concerned organization of care in the ward. The seven themes were arranged into these three levels, and concrete guidelines for each level were developed by the first author. These guidelines are presented in statements under the headings 'Do' and 'Do not'.

Findings

The findings are first presented graphically in Figure 1, which shows that the practical guidelines are focused on three levels: individual, activity and organization. The individual level is about what each staff member could do in their care; activity is about what staff could arrange for activities; and organization is about what staff together could think about in the organization of daily care. Thereafter, the concrete guidelines were introduced, organized into the three levels. Below each guideline, the rationale from the theory of gerotranscendence is given. Finally, references to other sources supporting each of the guidelines are provided. For some of the signs of gerotranscendence, it was difficult or impossible to develop concrete guidelines, as can be seen in Table 2. This may be because these signs seem to be too abstract.



- | Focus on the individual | Focus on activities | Focus on organization |
|---|--|---|
| <ul style="list-style-type: none"> • Accept the possibility that behaviour like the signs of gerotranscendence as normal signs of ageing • Reduce preoccupation with the body • Permit an alternative definition of time • Allow thoughts and conversations on death • Choose topics of conversation that facilitate and further older peoples personal growth | <ul style="list-style-type: none"> • Create and introduce new types of activities | <ul style="list-style-type: none"> • Encourage and facilitate quiet and peaceful place and times |

Figure 1 Three levels identified in the data, with guidelines for their achievement.

Focus on the individual

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

- 1 Do accept signs of gerotranscendence as possibly normal signs in the ageing process.
- 2 Do not:
 - regard signs of gerotranscendence as undesirable and incorrect;
 - 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. This also includes respect for 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.

Some studies have indicated that staff members do not know how to relate to old people with signs of gerotranscendence, and that they often interpret the signs as pathological behaviours, and sometimes try to correct older people showing signs of gerotranscendence (Tornstam & Törnqvist 2000, Wadensten & Carlsson 2001).

Theme 2: Reduce preoccupation with the body

- 1 Do choose a topic of conversation not focusing on health and physical limitations.
- 2 Do not always routinely ask the residents how they feel.

Constantly and routinely commenting on and making conversation about the residents' state of health is unnecessary. Discussions on health status often focus on physical limitations. 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.

Also, according to Peck (1968), a person should strive for body-transcendence, because this is connected with happiness and well-being.

Theme 3: Allow alternative definitions of time

1 Do:

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

2 Do not:

- routinely correct older people about the time, when for example they seem to be in the past;
- always try to bring them back to the present.

A common interpretation by staff is that an alternative definition of time is a pathological condition, the beginning of dementia (which it, of course, could be) and their interpretations influence their treatment of the older people (Tornstam & Törnqvist 2000, Wadensten & Carlsson 2001). The theory of gerotranscendence allows another interpretation and another attitude towards older people with this sign. Perfectly healthy older individuals have been shown to transcend the borders in time.

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

Jung (1963, 1967, 1968) also described the collective unconscious and referred to the notion that we have inherited mental structures that are reflections of the experiences of earlier generations. The collective unconscious embraces structures that unify generations and individuals. No borders exist between individuals, generations or places.

Theme 4: Allow thoughts and conversations about death

1 Do:

- listen when someone talks about death, let them speak, listen and ask questions, stimulate further thoughts;
- inform residents if someone among them has died, and allow talking about it.

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

If an older person begins talking about death, this is presumably something essential for them. As a staff member, it is important to listen to this person and to talk about death, death struggle and the question of life after death.

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.

Kübler-Ross (1969) and Kastenbaum (1996) have also described decreased fear of death in older people. Kübler-Ross (1969) further notes that dying people often find relief in being able to talk openly about the process of dying.

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

1 Do:

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

Our experience is that, in care of older people, it is not common to choose topics of conversation intended to further people's personal growth. Rather, the most common topics of conversation concern health and activities.

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 their development during life, the process of personal growth could be promoted.

Link to theory: Tornstam has, in informal conversations, discussed the 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 accordance 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.

The process of life review and understanding is also seen as a tool in Jung's individuation process (Jung 1963). In addition, Erikson and coworkers described development during the entire life and that the late stage of life included reflection over life in general and one's own life in particular (Erikson 1950, 1982, Erikson & Erikson 1997, Erikson *et al.* 1986).

Focus on activities

Theme 6: Accept, create and introduce new types of 'activities'

Create and introduce new types of activities that encourage and support older people in their process toward gerotranscendence. A number of methods, introduced below, could be suitable and feasible.

1 Do:

- let older people decide for themselves whether they want to be alone or participate in 'activities';
- 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;
- 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;
- arrange a meditation course. Meditation may be a way to get in touch with inherited mental structures, i.e. what Jung (1967) called 'the collective unconscious'.

2 Do not:

- assume that participating in arranged activities is always the best alternative;
- without reason, nag a person to participate in arranged activities;
- without reason, question the person or see the fact that some want to spend a great deal of time alone as a problem.

Obviously it is important that residents should make their own decisions about participation in activities, no matter what the activity is. Talking about growing older and introducing the theory of gerotranscendence as a possible process could give a broader perspective on what is 'normal' in ageing for older people, and also promote the process towards gerotranscendence. In Sweden, it is a common assumption that 'good ageing' is synonymous with continuing and preserving midlife ideals, activities, roles, and definitions of reality. Even older people recognize that preserving activity and engagement is important in Swedish society, and they can therefore feel guilty if their own development is different. Their own reactions and reactions from relatives and society, which promote activity and engagement, could impede the process towards gerotranscendence.

The guidelines above concern using reminiscence in different ways, and promoting the process of gerotranscendence instead of only maintaining present identity, which is the most common use of reminiscence therapy. It is essential to

note the differences in reminiscence therapy as seen from different theoretical perspectives. Many have described reminiscence therapy as successful because reminiscence helps to maintain and stabilize identity (Butler 1963, Bornat 1994, Parker 1995). These descriptions point out its value from the perspective of continuity theory, where reminiscence is seen as a tool to maintain roles and identity (Parker 1995). From the perspective of Erikson's psychodynamic theory (Erikson 1950, 1982, Erikson *et al.* 1986, Erikson & Erikson 1997), reminiscence could be seen as an opportunity to change and develop the Self, within the extant ontology as before (Tornstam 1999b). From the perspective of gerotranscendence (Tornstam 1999b), the goal is the development of identity through reminiscence therapy. This is a larger reorganization and reconstruction process than in Erikson's theory, because it also includes changes in the ontological definitions of existence. Tornstam (1999b) discussed therefore that reminiscence work could focus on development of identity rather than mere maintenance.

One component of the theory of gerotranscendence is the need for time for solitude and 'meditation'. In Sweden, meditation has been introduced in recent decades as a method for relaxing and understanding oneself, which is part of a developmental process. Meditation is not commonly used, and so its introduction could involve teaching a concrete method that might allow contact with the collective unconscious.

Link to theory: not everyone will automatically reach a high degree of gerotranscendence. Rather it is a process that, at very best, culminates in 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 (Tornstam 1999b).

The theory of gerotranscendence states that human development is a process continuing into old age, and that, when optimized, ends in a new perspective. This process involves development in which individuals gradually change their basic conceptions; it is a shift in individuals' approach to defining reality.

Jung (1967) talked about a constantly ongoing process of individuation in which the individual's tasks are different during different phases of life, and considered that the main task during the later part of life is to learn to know oneself and the collective unconscious. Gaining knowledge about what ageing can signify can facilitate the process.

Talking about our life history could be a way of understanding our life and giving coherence in life. Antonovsky (1987) believed that sense of coherence is important for well-being and health. Nyström and Segesten (1995) mentioned

that some activities in nursing homes, such as discussing past times and the residents' own life experiences, could be of great value in supporting older people. Fromm (1986), one of Jung followers, believed that one can get in touch with the collective unconscious through meditation, and that this is a way to promote the process towards individual maturation.

Focus on organization

Theme 7: Encourage and facilitate quiet and peaceful places and times

1 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;
- organize so that an older person can have meals in their own room if desired.

2 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'.

Rationale: 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.

Nyström and Segesten (1990) support the notion that older people need to have quiet time to apply their minds to remembering and reflecting, and they believe that reflection is an important aspect of older people's health.

Discussion

This study has derived guidelines from the theory of gerotranscendence for application in the care of older people. Developing these guidelines was a way to elucidate what is important in the care of older people, if the theory of gerotranscendence is used as an interpretative framework to understand signs sometimes observed in older people. All guidelines concern ways to encourage and support older people in their process towards gerotranscendence. This involves putting the main focus on facilitating and furthering personal growth. These guidelines make it easier for staff to understand how to relate to, treat and act towards older people, and all of the recommended guidelines are feasible.

In nursing, the individual and their needs are often discussed. Nursing theorists take individuality in care into

consideration and mention the importance of structuring nursing on the basis of each individual's needs. This is a basic assumption, regarding all individuals as people with unique wishes. However, these theories might also appear to be too general, because they do not discuss specific needs of older people; instead they seem to be age-blind. The present guidelines, in contrast, focus on older people, the ageing process and ideas about how to support older people's individual development, which is something that nursing theorists have not taken into consideration. Many have adopted a relatively clear developmental perspective in their theories, but have not provided practical guidelines for care of older people. Therefore, the present guidelines serve to fill a gap, and show what might be of special interest in the care of older people.

The basic requirement for staff using the guidelines is familiarity with the view of ageing introduced by the theory of gerotranscendence. Therefore, staff members must first learn about the theory, and incorporate this perspective into their own views on what normal ageing can be and how ageing can be expressed. In present care of older people, staff probably work from an activity perspective only. It would seem that they need to open their minds and expand their perspectives on the ageing process and how to care for older people. Therefore, if staff members are to apply these derived guidelines in practical care, what is required is:

- that they acquire knowledge about the theory and the guidelines;
- an organization that encourages them to work in accordance with the guidelines;
- that they receive training in achieving the guidelines in practical work.

Study limitation

The fact that it was difficult to devise concrete guidelines for promoting development towards some of the signs could reflect the fact that the theory introduces a quite different outlook on ageing. It can take time to understand this view, and some signs of gerotranscendence might be too abstract to promote. Therefore, this set of guidelines should be seen as a first attempt. Deeper knowledge about the theory and more research could result in more developed guidelines.

Conclusion

The theory of gerotranscendence introduces a new understanding of the developmental process of ageing, and the guidelines introduced in this article are derived from the theory and can be used to promote the process of gerotranscendence in older people. Introducing a supplementary

approach to caring for older people, based on the theory of gerotranscendence, involves opening staff members' minds to what ageing can imply and to new ways of treating older people. These concrete guidelines can support staff in giving practical care. It should be remembered 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.

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