1.0 INTRODUCTION

Theories on human ageing may be divided into two main categories: theories about what happens to the body during the ageing process: biological ageing theories, and the psychological and social ageing theories. This essay aims to describe, analyse and present a critique of Lars Tornstam's psychological and social ageing theory.

According to Tornstam (1997, 1996, 1995, 1994), human ageing is characterised by a general potential for gerotranscendence. Gerotranscendence is a shift in metaperspective, from a materialistic and rational view of the world to a more cosmic and transcendent view. This means an increased feeling of affinity with past generations, a diminished interest in superfluous social interaction and material things, and a greater need for solitary meditation. Gerotranscendence is a natural and individual process towards maturity and wisdom, normally accompanied by more life satisfaction. It may be described as a transformation, characterised by new ways of understanding life, activity and oneself.

What is the basis of a theory which presents such statements? How has the theory been developed? On which values and assumptions is it based? Is it logical and easy to comprehend? Is it useful in a nursing science perspective? These are the questions that I will attempt to answer in my evaluation of the theory. I have chosen to use Meleis's (1991) evaluation model for nursing science for this purpose. Meleis has classified theory evaluation into four main components: description, analysis, critique and testing and I will utilise this classification in my quest for answers to the above questions.

I have chosen to evaluate the theory of gerotranscendence since it
represents an alternative ageing theory. I plan to carry out a research project in a nursing home with the aim to find out how sick elderly people experience their daily life in an institution. The theory of gerotranscendence may help provide a more balanced understanding of the everyday life of the elderly in a nursing home, and this theory will constitute a part of the theoretical framework for the project.


Meleis's evaluation model will be briefly presented in the next chapter, then follows a description of Lars Tornstam's theory of gerotranscendence in chapter 3. The subsequent chapter will include an analysis and critique of the theory, and finally the methods employed to test the theory will be assessed. The essay will then present a brief conclusion.

2.0 CHOICE OF MODEL FOR THEORY EVALUATION

Meleis (1991) presents her model for theory evaluation in chapter 11 of the book "Theoretical Nursing: Development & Progress". This model is designed especially for evaluation of nursing theory, but is so general in character that it may be employed for evaluating other theories relevant to nursing.

2.1 Presentation of Meleis's Evaluation Model and its Use in this Essay

Meleis defines evaluation as "encompassing description, analyses, critique, and testing" (Meleis 1991, p. 218) and has formulated several questions and criteria for each of these areas. I will in the following present only the most central criteria and will also attempt to explain how I have planned to use them in my evaluation of the theory of gerotranscendence.

Description

Meleis suggests that a description of a theory should clarify the structural and functional components of the theory. The structural components emerge with an explanation of the assumption on which the theory is based, the concepts around which the theory is structured and the propositions which the theory leads up to. These criteria will be employed in my description of the theory of gerotranscendence.

In a description of the functional components one must assess the consequences of the theory by studying the correlation between the structural components of the theory and the nursing domain. Who is acted upon? Does the theory offer a clear idea of the sources of the nursing problem? Does the theory provide any insights into the form of intervention in nursing? These questions, as Meleis presents them, are directly related to an analysis of nursing theory. Since the theory of gerotranscendence is not a nursing theory but a more universal theory, I have chosen to describe the functional components of the theory in...
more general terms. These components will therefore be presented through a description of who is the focus of this theory, what type of problem areas are addressed by the theory, and does the theory involve an element of action that is relevant for nursing?

Analysis

“Analysis is defined as a process of identifying parts and components and examining them against a number of identified criteria. Analysis includes concept and theory analysis” (Meleis 1991, p. 223). Analysis first implies an assessment of the concepts around which the theory is structured. The concepts of the theory will be analysed on the basis of the following criteria: How are these concepts defined? Are they logical? From which context are they derived? Are the origins of these concepts theoretical or empirical? Further, a theory analysis will be performed, encompassing an evaluation of the theoretician's professional and research background and of the paradigm on which the theory is based, as well as what type of proposals and hypotheses are presented by the theory. The type of theory and its level, as well as the theory's generalisation potential and objective will also be evaluated.

Critique of Theory

Critique is defined as a critical examination or estimate of a thing or situation with the view to determining its nature and limitations or its conformity to standards (Meleis 1991, p. 230). A critique of a theory shall examine the relationship between structure and function, and evaluate the usefulness of the theory. Meleis presents several detailed criteria that are too comprehensive to include in this essay. I have selected two chief criteria as the basis for my discussion: Is the theory clear and consistent? Is the theory useful for nursing science?

Theory Testing

According to Meleis (1991), a theory may be tested in several different ways, by using the empirical method, personal experiences, analysis and practical application. In this essay I will study to what extent and in which way Tornstam tests his own theory.

2.2 Problems in Using Meleis's Evaluation Model

I have chosen to use Meleis's evaluation model because it is systematically and logically structured. It is also adapted to nursing theory evaluation, thus addressing issues that are especially relevant to nursing science. This adaptation to nursing science may also be a disadvantage, since the gerotranscendence theory is not developed with nursing science particularly in mind. This entails that some of the criteria in the model are hard to assess, for instance the theory's description of the causes of the nursing problem. Nevertheless, the reason why the evaluation model is adaptable to other types of theory is that it is largely based on general evaluation principles.

Another problem about using this model is that it is very detailed and comprehensive. The scope of this essay does not allow a full description of the criteria and issues addressed by the model. An application of Meleis's evaluation model must therefore be adapted, both because of the scope of the essay as well as the characteristics of the theory to be evaluated.
3.0 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. Tornstam has studied and been engaged in work on ageing from the beginning of the 1970s. After working in this field for some time he reacted to how some of the myths on ageing still persisted despite research findings which proved they were wrong. Tornstam increasingly questioned the prevailing paradigms within research on social and psychological ageing. He presented his alternative theory on gerotranscendence at the end of the 1980s, and has later been engaged in verifying the theory by means of quantitative and qualitative research.

In his theory on gerotranscendence Tornstam (1997, 1996, 1995, 1994) states that human ageing, i.e. living into old age, is characterised by a general process towards gerotranscendence. This process involves a development in which individuals gradually change their basic conceptions after a certain point in life. It is a shift in their approach to defining reality. 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 further explains that with a more cosmic and transcendent vision the individual no longer considers himself particularly significant, but has a growing feeling of being part of a larger context. The individual is not significant, but rather the total flow of life. The fear of death is lessened, while there is an increasing feeling of affinity with former, present and coming generations.

In other words, 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 individual and others may also become indistinct. These boundaries between past, present and future, and between self and others, which in a materialistic and rational way of thinking are so important and obvious, become less necessary and significant in old age.

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 spiritual world becomes more important than the material world. A person who has experienced gerotranscendence may pity the younger generations who are captured in their materialistic conception of the world and spend their time on trivial things (Tornstam 1989 p. 60). This new conception of life implies a change in the perception of life, or a shift in meta-perspective, as Tornstam labels it. With this new meta-perspective Tornstam finds it easy to understand that there is a declining interest in superficial social contacts and material things (Tornstam 1995, p. 286).

Tornstam further maintains that the extent of transcendence may be described in the form of a U. As children we live in a transcendent state in which the borders become diffuse between self and others, between past and present and between fantasy and reality. In the course of the child’s upbringing these boundaries are established little by little, evolving into logical and materialistic perceptions of life. With a natural ageing process these borders will again become diffuse. Tornstam labels these phenomena paedotranscendence and gerotranscendence. He emphasises that gerotranscendence certainly does not mean becoming a child again, since gerotranscendence is based on all the experiences that the individual has made in life.
Tornstam maintains that the process towards a transcendent form of life is one that is instinctive and transcultural. He further assumes that this development is essentially continuous, but that it may be accelerated or retarded by external factors. The process may be accelerated through meditation or brought on by life crises or severe illness. It may be retarded due to aspects of our culture, which is characterised by the dominance of rationalism (Tornstam 1995, 283-284).

The shift in metaperspective is normal for all individuals according to Tornstam, since it is conditioned by genetics. Gerotranscendence is the final result of a natural process towards maturation and wisdom in which reality is defined differently than in mid-life. Since this is a natural process for all elderly people, the shift in metaperspective leads to an increased satisfaction with life. The progression towards gerotranscendence may be obstructed or modified by cultural characteristics. In Western culture especially which so admires effectiveness and rationalism, this natural process may be retarded or even obstructed (Tornstam 1995 and 1997).

Tornstam maintains that the theory of gerotranscendence is one of several viable theories on ageing. Other theories, such as the social breakdown syndrome, may be relevant for some elderly people. This theory is meant as a supplement which represents another paradigm. Two paradigms may, however, be valid at the same time, it is only necessary to know what they represent. As an example Tornstam mentions the concept of light, which may be defined both as a wave movement or as a particle (1995, p. 294), depending on the theoretical approach. In the same way one may perceive that different theories of ageing may be equally valid.

3.1 The Structural Components of the Theory

Assumptions

The theory of gerotranscendence is based on several assumptions about scientific research in general and gerontological research in particular. Firstly, Tornstam (1989, 1994 and 1995) states that all research is affected by the values of society. These values also influence researchers, with the result that science is not always that scientific. Secondly, Tornstam states that gerontological research is characterised by a positivistic research paradigm, and he describes today's prevailing gerontological research paradigm as follows:

1. We researchers essentially regard the elderly as research objects. Researchers define concepts and formulate theories, and it is the behaviour of the elderly that interests us.
2. The way we choose to define concepts and formulate theory is affected by an overflow of presuppositions from society.
3. In particular, there is an overflow of mid-life values like productivity, effectiveness and independence.
4. This value-dependent point of departure leads to certain theories...
being predominant in gerontology, like role theory, activity theory and the so-called social breakdown syndrome.

5. We force upon the elderly our own value-dependent theories, without asking for the values held by the research objects. Deviations from the researchers' predictions are looked upon as being abnormal or pathological.

6. The experiments we undertake are unwittingly manipulative in the sense that their purpose is to bring about that which we define as normal or healthy behaviour.

(Tornstam, 1992, p. 322 and 1995 p. 266)

Tornstam states that the values that have characterised the Western world after the Reformation are primarily those of productivity, effectiveness and independence. People in our society who are unable to live up to these standards are held in contempt. Tornstam further states that we redefine this contempt for the elderly into a condescending image of the elderly as miserable. This misery perspective of old age also affects gerontological researchers, thus gerontological research is to a large extent incapable of including the positive elements of ageing.

"My thesis is that the overflow of presuppositions, values and 'common sense' from Western European society explains, in part, why gerontology nurtures some very persistent theoretical myths, even when the empirical reality contradicts the theory."

(Tornstam, 1992, p. 319)

Tornstam goes on to describe two myths which he thinks have characterised gerontological research: that modernisation causes increased loneliness among the elderly, and that retirement is a traumatic experience. Our conceptions are based on the belief that mid-life values are valid in old age as well. In this perspective, retirement will be regarded as traumatic and the elderly will be considered lonely if they are not as socially active as in mid-life. According to Tornstam (1992 and 1995), research findings cannot confirm these postulates, rather the contrary, most people regard retirement as a positive thing, and they reduce their social contacts and activities without feeling that their quality of life has been impaired.

The prevalent paradigm sets bounds to gerontological research in Tornstam's opinion, though it is possible to overcome them. The simplest method is to reverse the gerontological research paradigm, in other words: create a new gerontological research paradigm. Tornstam has formulated the reverse gerontological paradigm as follows:

1. It would not be the researcher who defines concepts and theory in the first place, but the elderly themselves. A phenomenological approach should come to the fore.
2. The researcher should consciously try to replace the overflow presuppositions with alternative ones.
3. This could result in focusing on concepts such as rest, relaxation, comfortable laziness, and play, creativity and wisdom.
4. If the strong emphasis on the role and activity theories is toned down, then theories with their point of departure in philosophy and anthropology may throw new light on gerontological research.
5. With the reverse of what is normal or pathological, there will be new tasks of understanding why some old people hang on to a mid-life ideal.


In order to find opposite values to those prevalent in Western society, Tornstam turned to Eastern philosophy in the form of Zen Buddhism. Meditation is important in Zen Buddhism and the boundaries between the self as subject and others as object are diffuse. The borders between past, present and future are indistinct and one can
experience all three dimensions of time at the same time. Tornstam claims that in the West such a conception of reality will be considered irrational and a negative phenomenon, while in the East it will be termed transcendence and be regarded as a positive phenomenon (Tornstam 1989 p. 58-59, 1994 p. 207, 1995 p. 281).

The formulation of the theory of gerotranscendence is thus based on a thorough, critical analysis of prevailing values and assumptions within gerontological research and theory construction. Based on the critique of the prevalent research paradigm, Tornstam proposes a new gerontological paradigm. He explains to a large extent the assumptions on which his theory is based, but in spite of the proven value analysis, Tornstam also has some implicit assumptions which the reader must interpret on the basis of his references.

Firstly, Tornstam assumes that all research is influenced by the values of society and thus by the researcher's values and his inherent understanding. Tornstam maintains that research cannot exist without intrinsic values and that the researcher's values have a bearing on research findings. This assumption is clearly expressed by Tornstam and conforms completely with the scientific theory debate that has taken place within most academic research communities during the past decades. The positivism critique has led to an acceptance that the ideal of value-free research should today be replaced by the ideal of a researcher clearly stating his own values.

Secondly, Tornstam assumes that there exists a predominant gerontological research paradigm which is based on a given set of values. Tornstam claims that these values are effectiveness, productivity and rationalism. Because of these values we regard the withdrawal of the elderly as negative, rather than as the natural ageing process which it really is. Tornstam thus assumes that because of the prevailing set of values in our culture the gerontological research community has misunderstood ageing as a phenomenon.

Thirdly, Tornstam assumes that we can reverse the prevailing paradigm to make it conform more with the experiences of the elderly. However, can we be certain that the researcher adopts the perspective of the elderly by reversing the prevailing paradigm? Is it really so simple that to grow old means you think the opposite of what the researchers do? Why hasn't Tornstam asked the elderly themselves? Is it because he thinks that they are also captured in a "Western" paradigm?

Fourthly, Tornstam has a view on humanity that is not explicitly expressed, but which must be interpreted on the basis of his presentation of the theory. Tornstam claims that the process towards gerotranscendence is genetically conditioned. Thus, he assumes that this is a natural phenomenon and that living in accord with natural laws automatically leads to a meaningful existence. At the same time he claims that cultural characteristics may prevent a natural process towards gerotranscendence.

Concept

The theory of gerotranscendence is structured around the concept of gerotranscendence, which is made up of "gero" which means old and "transcendence", which means "rising above". Tornstam does not define the term gerotranscendence directly, the closest he comes to a definition is when he writes:

"Simply put, 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."

(Tornstam 1996 p. 145)
Tornstam uses nearly the same words in the publications 1994 p. 203 and 1997 p. 143.

Tornstam gives a more detailed explanation of the concept of gerotranscendence by describing the signs of a transcendent state which are as follows:
* an increasing feeling of a cosmic communion with the spirit of the universe
* a redefinition of the perception of time, space and objects
* a redefinition of life and death and a decrease in the fear of death
* an increased feeling of affinity with past and coming generations
* a decrease in the interest in superfluous social interaction
* a decrease in the interest in material things
* a decrease in self-centeredness
* an increase in the time spent in "meditation"


Based on these characteristics of gerotranscendence it appears that Tornstam attempts to categorise them in more general dimensions. In the article published in 1994 (p. 213) he states that the various features of gerotranscendence reflect the two different dimensions of gerotranscendence:

1. Cosmic transcendence - a type of transcendence related to changes in perception or definition of time, space, life and death.
2. Ego transcendence - related to changes in the perception of the self and relations to other people.

In later works Tornstam included a third dimension (1996 p. 145 and 1997 p. 144)

"In a very condensed format, the 'signs of gerotranscendence' can be described as ontological changes on three levels: the cosmic level, the level of the Self and the level of social and personal relations." (1996 p. 145)

This implies that Tornstam has divided up what he called ego-transcendence in 1994 into two dimensions, thus differentiating between transcendence in relation to the self and in relation to others.

Tornstam thus employs several concepts to describe the theory of gerotranscendence. The main concept is gerotranscendence, but to explain the meaning of this notion he introduces other concepts such as meta-perspective, cosmic communion, spirit of the universe, affinity and meditation. To describe the basis on which the theory is developed he employs concepts such as materialism and rationalism. It appears that Tornstam bases his theory on a set of philosophic and religious ideas.

**Propositions**

The theory of gerotranscendence puts forward several propositions or hypotheses about ageing and humans in general. First, the theory states that ageing is qualitatively different from a mid-life existence. Old age involves other qualities than a continuation of mid-life ideals and life patterns. An individual's main task in early age is to learn to know the society and the world, while the main task in later life is to learn to know himself and the collective world surrounding him (1995 p. 291).

Secondly, this theory proposes that the elderly who withdraw from expected physical and social activities are not disengaged or apathetic, but are active in another form. Since Western culture interprets activity as being either physical or social, we have not understood that there is also spiritual activity. Thus, elderly people wishing to spend more time on spiritual activities were considered
apathetic. Hence, Tornstam claims that this type of withdrawal is not the same as passivity, but involves another type of activity which people in the West find difficult to comprehend.

Thirdly, he postulates that a positive ageing process is one in which the individual may freely evolve to a more transcendent state, meaning that it is natural and positive to retire and engage in more meditation. If the individual is hindered in this positive development he may fail to experience ageing as a positive process towards maturation and wisdom.

Further, Tornstam states that cultural characteristics and human phenomena such as grief and life crises may obstruct or accelerate the process towards transcendence. Certain life circumstances or cultures that allow or accept contemplation may stimulate the process towards transcendence. Cultures or life circumstances that do not allow much contemplation may impede such a process. This last hypothesis is not as clearly linked to old age as the three first hypotheses, being more general in character.

3.2 The Functional Components of the Theory

Who is the Focus of this Theory?

The theory of gerotranscendence focuses in my opinion on two phenomena: the old person and the ageing process itself. The theory focuses on the experience of growing old and attempts to describe characteristics of a normal and positive old age. Further, the theory describes a normal and desirable ageing process and how this process may be rendered difficult or misunderstood, due to the dominant values in a culture.

What Problem Areas are Addressed by the Theory?

The theory addresses our problems in understanding the life of the elderly. We regard elderly people who want peace and quiet and limited social contact as disengaged. Old people who withdraw are considered to be in need of help to increase their social activity. The theory offers us alternatives to the traditional understanding of the elderly and may contribute to a redefinition of a situation, from being a problem to being a positive thing. The theory may lead to new attitudes to ageing and to the behaviour of old people.

Does the Theory Include Element of Action Relevant for Nursing?

The theory presents an alternative to the prevalent psychological and social theories on ageing and thus introduces alternative action factors. Old people who seem apathetic and socially inactive may now be regarded differently, so that apparent apathy in fact may represent activity. This activity takes another form than we are accustomed to since it involves contemplation and meditation.

This may have several consequences for courses of action in nursing. Because of this theory the nurse will perhaps not resort so easily to various forms of activity when the old patient says he does not wish to take part. The nurse will become more sensitive to the needs of the more contemplative patients, and with an understanding of this theory nurses may treat these patients with more respect. However, patients both wishing and needing to be activated may risk not getting the necessary encouragement. Tornstam points out that this is a relevant risk and warns against misuse of the theory. He emphasises that not all elderly must be regarded in the light of this theory, in some contexts
it will be appropriate to use one of the other theories on psychological
and social ageing.

4.0 ANALYSIS OF THE THEORY OF
GEROTRANSCEndence

4.1 Concept Analysis

Definitions of the Concept
Tornstam does not define the concept of gerotranscendence directly,
the closest thing I could find is the quote presented in chapter 3.
Tornstam does not call this is a concept definition himself, and it
appears that he chooses to describe the concept as an analysis of
social values combined with a portrayal of the distinctive features of
gerotranscendence. The concept of gerotranscendence is made up of
"gero" and "transcendence". With the help of various dictionaries one
can find valid definitions: "gero" stems from the Greek geron = old
man or geras = old age. Used as a prefix the best translation of "gero"
is "old". The prefix is used in that sense for example in the terms
"gerontology" and "geriatrics".

Transcendence may be defined as: being above and independent of
the limitations of the material universe or as: the rising above one's
previously perceived limits and restrictions - the Latin trans +
scandere = to climb. In other words, transcendence must be
understood as rising above or climbing over one's own material limits
and restrictions.

Based on Tornstam's exposition of the theory, it must be said that
Tornstam's own use of the term gerotranscendence corresponds
largely with the dictionary definitions. It is however a flaw that the most
crucial concept of the theory is not defined. 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. Tornstam does not say anything on the matter so it is hard to
know if the lacking definition of the main concept is a conscious
decision.

Is the Concept Logical?

The concept of gerotranscendence is in many respects a logical one.
Intuitively it is easy to comprehend since many readers will see that it
coincides with their personal experiences with elderly people. Many
readers will also recognise their own ageing process. This type of
intuitive feeling for a phenomenon 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 concept of gerotranscendence is
difficult to understand fully. First, this is because Tornstam does not
give a clear definition of the concept as far as I can see. The reader
will thus be searching for an accurate explanation while reading his
work, which is also a positive experience since it sharpens the senses.
With the absence of a coherent definition the reader is left with the
question: have I really understood what gerotranscendence involves?
Have I understood the concept in terms of the author's intentions?
Even after an in-depth study of the theory one has a slight fear of not
having understood Tornstam's presentation.

Secondly, Tornstam employs a set of ideas that seems unfamiliar and
rather unscientific from a Western cultural and logical perspective.
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. When Tornstam writes that our experience of time becomes diffuse, so that past, present and future exist simultaneously and that the borders are erased between ourselves and others we become sceptical, having grown up with the culture and logic of the Western world. For many people such perceptions characterise a person who is mentally experiencing an increasingly chaotic situation and not a person developing inner harmony and wisdom. From this perspective the concept of gerotranscendence may appear illogical.

In order to comprehend the concept of gerotranscendence it is necessary to accept Tornstam's analysis and critique of the attitudes and values he considers predominant in our society and within gerontological research. Tornstam states that we have not understood that our personal values influence our views on positive old age. We have not grasped what constitutes a positive old age since we believe that old age is characterised by those values which are beneficial in mid-life. If the reader does not accept Tornstam's critique and analysis of the predominant research paradigm and the prevalent values in society, the concept of gerotranscendence is hard to fathom.

Is the Concept Based on Empirical Findings or Logic?

The concept of gerotranscendence is based primarily on logic, since it is developed on the basis of a theory. The concept has been developed within the gerontological theory tradition, and Tornstam states that the disengagement theory has been very important to him. Tornstam has also employed knowledge of scientific theory, development psychology, philosophy and religion. Several of the concepts employed in his theory, such as cosmic communion, spirit of the universe, mysticism and meditation evidently stem from Eastern religion and philosophy. A logical synthesis of knowledge from all these areas has formed the concept of gerotranscendence.

4.2 Theory Analysis

What is the Professional and Scientific Background of the Theoretician?

Tornstam is professor of sociology in Sweden. During the last 20 years he has been engaged in gerontological research. Because of his sociological background he bases his work on sociological theories, though evidently he has derived much of his theory from psychology, in particular development psychology. Tornstam refers to the development psychologist Erik H. Erikson and to Jung's theory of the individuation process.

Tornstam has for some years been working at the department of social medicine at the University of Copenhagen and has published actively within the international gerontological community. During the last few years he has worked on several empirical research projects based on his own theory.

On What Type of Paradigm is the Theory Based?

In several of his publications Tornstam (1995 and 1992) explicitly criticises the prevailing research paradigm within gerontological research. He states that gerontology, as so many other fields, is captured in a natural science paradigm (1995 p. 266), entailing that research is primarily focused on the behaviour of the elderly, while assuming that the researcher handles and analyses research data in a neutral manner. This research paradigm generally states that the
researcher shall assess and analyse the actual facts concerning a phenomenon in an objective and unbiased manner. Tornstam maintains that gerontological research has been fooled on this point and uses much of his book and his article from 1992 to substantiate this statement.

Tornstam is very concrete and straightforward in his criticism of the prevailing research paradigm. He claims that we have misunderstood the behaviour of the elderly since we are part of a materialistic and rationalistic paradigm. Within this predominant paradigm activity is defined as various forms of social contact or other visible or measurable activity. Perhaps one could say that this represents a positivistic understanding of the concept of activity. It is this understanding of the term that Tornstam condemns in his theory and which he seeks to define differently based on a new paradigm.

On what type of paradigm does Tornstam base his theory? First, he states that gerontological 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. Further, Tornstam claims that the anthropological research tradition may be useful in this respect. My immediate reaction is: 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 are being taken seriously?

It is conspicuous that Tornstam, who criticises gerontological research and theory development, appears to fall into the same trap as the other theoreticians: he acquires his knowledge base only to a small extent from the elderly themselves. Why doesn't Tornstam go to the elderly with a Western background to gain inspiration for his theory? Is it because he 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. Why doesn't he look for concepts in the main Western religion, Christianity? Most of the elderly in the West have their spiritual roots in this religion. Doesn't he think that this religion has any spiritual values to offer since it is too materialistic? Cannot contemplation and prayer be considered universal phenomena? Perhaps many of the people in the West would have felt more familiar with Tornstam's ideas if he had based his theory on Christian philosophy.

The theory of gerotranscendence is based not only on a given research paradigm but also on a paradigm about the individual. Tornstam does not state explicitly how he regards the individual, but it appears that he considers him to be a biological and social being. The theory states that the process towards gerotranscendence is biologically determined and universal, but also claims that social phenomena may influence this genetically intrinsic urge. It appears that Tornstam considers the social and cultural influence on the individual to be so strong that it may prevent a natural process towards gerotranscendence. This could indicate that Tornstam thinks that the individual is primarily influenced by socio-cultural factors, followed by biological urges. On the other hand, he states that living in accord with natural laws leads to a harmonious existence. This may indicate that Tornstam considers the socio-cultural forces so dominant that they prevent the individual from following his own natural inclinations.

**Which Proposals and Hypotheses Emerge from the Theory?**
The hypotheses formulated on the basis of Tornstam's theory are mainly about old age. By maintaining that old age is qualitatively different from mid-life, that the elderly are active in a different way and that a transcendent form of life is positive and natural for all old people, Tornstam submits hypotheses that are valid for a certain age group. These hypotheses are based on his statement that the elderly have a different set of values than younger people, and that the need to withdraw from the material world is biologically conditioned. In other words: it is natural to become more concerned with spiritual values when one grows old. Tornstam also introduces another set of hypotheses that are more independent of age group: that cultural characteristics and grief and life crises may affect the process towards transcendence. This hypothesis states that there is a correlation between factors that may explain why transcendence does not occur in old age, or why it may occur in mid-life.

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

There are several indications that the theory of gerotranscendence is formulated by deduction. For one thing, the theory is inspired by other theories. Tornstam was very familiar with the prevalent theories on psychological and social ageing, combined with his insight into development theory. The introduction of the disengagement theory in the 1960s helped to inspire thought and theoretical discussions about why the elderly did not keep up or increase their social activity.

Secondly, 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.

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. 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 more lonely in old age than earlier in their lives. These empirical findings clearly contributed to the formulation of the theory of gerotranscendence.

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.

A theory may generally describe one or more level: micro level, micro-macro level or macro level. The gerotranscendence theory focuses on what happens to the individual during the ageing process both on the psychological and biological level and is thus a typical micro level theory.

It also includes elements that indicate a micro-macro level since it emphasises that social structures and cultural characteristics may influence this process. The theory states that socio-cultural phenomena may obstruct a process towards transcendence. By involving social factors it is lifted up to a micro-macro level. The dominant aspect of the theory must still be said to be the individual, hence this is a micro level theory.

**Generalisation Potential of the Theory?**

Tornstam says that the theory is in the process of being developed
and must not be considered final and complete. He adds that he has presented an outline of a theory and that it needs further development and testing (Tornstam 1995, p. 276).

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. 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.

The concept is also general in the sense that it describes a state that may also occur in other age groups, mainly because this transcendent state may be experienced earlier in life. Tornstam uses as an example people who experience serious illness or other forms of life crises, and claims that these individuals may experience a form of transcendence that is not necessarily gerotranscendence. He also maintains that children live in a transcendent state. Based on these elements one must regard the concept of transcendence as universal, while gerotranscendence applies to the elderly who experience transcendence.

What is the Aim and Intention of the Theory?

The aim of the theory is primarily descriptive, it describes a positive and natural ageing process and old age. The theory offers a theoretical idea of what a positive old age may involve, and attempts to describe a positive and natural form of life for the elderly.

This picture of a positive old age in turn provides explanations for the behaviour of the elderly. Social withdrawal used to be considered only negative and undesirable, while Tornstam’s theory provides an alternative explanation for apparent inactivity. The redefinition of the term activity, that it does not involve only visible forms of activity, is in my opinion one of the most ingenious ideas in Tornstam’s 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. 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.

5.0 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. I find one point rather unclear, however: does Tornstam think that a more transcendent form of life is natural for humans throughout their whole lives? Or does he think that biologically it is natural to be more
materialistic in mid-life? Since he describes transcendence throughout life as U-shaped this could indicate that he agrees with the last alternative. The same applies to the statement that old age is qualitatively completely different from mid-life. The question that springs to mind, then, is this a theory of gerotranscendence or of transcendence in general?

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? I consider this part of Tornstam's theory to be somewhat vague and inconsistent.

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. The theory of gerotranscendence is logically derived from another theory and is based on empirical research with the elderly as research objects. 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.

Tornstam (1994 and 1996) applies the survey method to verify his own theory, which may seem rather peculiar viewed in the light of his severe criticism of the natural science paradigm. He 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.

Is the Theory Useful for Nursing?

The theory of gerotranscendence is formulated in a gerontological research community and is not specifically linked to nursing. Will the theory of ageing in general and this theory in particular be useful for nursing? In order to answer this question we 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 an occupation.

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. The passivity of the elderly in institutions has also been interpreted with similar theories. The theory of the total institution states that it is the institutionalisation in itself that leads to passivity (Goffman 1967). The theory of induced helplessness (Thownsend 1981) maintains that it is our opinion of the elderly as weak and helpless that creates passive old people.

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. 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.

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 practising 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.

Nurses have till now been trained to, and been socialised 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 both social isolation, physical decline and complications. 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.

Nursing is about using knowledge in an optimal way for the patient, and the nurse activates the patient because she feels that this is positive and correct nursing. When the predominant theories on ageing support this feeling, it is no wonder that the nurse practises nursing in accordance with her own values and with valid and prevalent theories. Nurses have argued for activating the elderly based on the principle of benevolence and thus have to some extent acted paternalistically in their occupation.

In this perspective I think Tornstam's theory may be a useful supplement. If his theory is emphasised 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.

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 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.

6.0. TESTING OF THE THEORY

Tornstam has been engaged in verifying the theory of gerotranscendence in three various ways: through personal experiences, logical analyses and empirical research.

Firstly, Tornstam presents personal experiences to support his theory. He recounts that initially he agreed with the rejection of the theory of disengagement, however he gradually developed an intuitive feeling that the disengagement theory had inherent explanatory power which researchers till then had disregarded. He gained support for this intuitive feeling in discussions with other gerontologists. It was only by reversing the prevailing research paradigm within gerontology that Tornstam understood this explanatory power.

Secondly, Tornstam attempts to verify his theory through logical analyses, starting with his critique of the natural science paradigm, then with his critical remarks on the values which he thinks are inherent in researchers, and finally with criticism of the fact that new, well-known gerontological research findings have not been implemented. Based on his critique of the prevalent research
paradigm in gerontological research, Tornstam introduces a new
d paradigm based on the development theory, the disengagement
t theory, philosophy and religion. On the basis of this theoretical frame
of reference he deduces the hypothesis of a positive old age with
another set of values than those held in mid-life. Further, he deduces
the hypothesis on what are the values in old age and in mid-life.

Thirdly, Tornstam attempts to substantiate his theory by means of
empirical findings. Based on his theory of gerotranscendence
Tornstam (1994) has developed a yardstick by which to measure the
degree of gerotranscendence, consisting of ten items derived from the
theory. He first carried out a mail survey of 912 non-institutionalised
Danish men and women, aged 74 - 100. Data were collected in a
Tornstam concludes that the concept of gerotranscendence is relevant
for the experiences of old people, according to the response patterns
found in the compiled data. Tornstam also proposes interesting
interrelationships between gerotranscendence and social activity,

Finally, Tornstam (1997) has conducted open-ended, qualitative
interviews with 50 Swedish men and women aged 52-97 to examine
developmental changes in views of the world and self-attitudes. A
number of the respondents reported changes such as awareness of a
more cosmic dimension to reality, and an attitude reflecting a less
narcissistic view of oneself.

Tornstam has also attempted to verify the theory by implementation in
practical nursing. In 1993/94 Tornstam (1996) introduced his theory to
a group of staff (90 nurses and nursing auxiliaries) caring for elderly in
a nursing home in Sweden. During the introduction phase (6 months)
the theory of gerotranscendence was presented and discussed, six
months later a mail survey was sent to the staff including an impact
assessment. A large proportion of the staff held the opinion that the
theory corresponded with the reality they experienced in their jobs.

In other words, Tornstam has systematically worked on verifying his
theory, by means of his own experiences, theoretical analyses,
empirical research and by implementing the theory in practice. One
might however, question Tornstam’s empirical research in respect of
methodological choice. Tornstam has in his empirical research mainly
used research methods influenced by natural science, even though
this is the paradigm he so massively criticise.

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7.0 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.

8.0 LIST OF REFERENCES