



Pergamon

Available online at www.sciencedirect.com

SCIENCE @ DIRECT®

Journal of Aging Studies
17 (2003) 415–426

Journal of
AGING
STUDIES

Psychosocial development in the elderly: An investigation into Erikson's ninth stage

Cynthia Brown, Michael J. Lowis*

Department of Psychology, University College Northampton, Park Campus, Northampton,
England, NN2 7AL UK

Abstract

This study investigated Joan Erikson's suggestion [Erikson, E. H. (1998). *The life cycle completed. Extended version with new chapters on the ninth stage by Joan M. Erikson*. New York: Norton] that there is a ninth stage to Erik Erikson's [Erikson, E. H. (1963). *Childhood and society* (2nd ed.). New York: Norton.] Theory of Psychosocial Development to address the challenges of extreme later life. Questionnaires to measure resolution of Stages 8 and 9, compiled from original descriptions, were completed by 32 women aged in their 80s or 90s, and 32 women aged in their 60s. Results showed there to be a significant correlation between age and resolution of Stage 9 ($P=.01$), but not for Stage 8, and a significant difference between the mean scores of the two age groups for Stage 9 ($P=.03$), but not for Stage 8. Recognition that there could be a stage of psycho-social development applicable to people aged in their 80s and 90s, would be a source of comfort to aging individuals themselves, as well as invaluable to friends, relatives, and carers.

© 2003 Elsevier Inc. All rights reserved.

Keywords: Erikson; Elderly; Ego integrity; Gero-transcendence; Disengagement

1. Introduction

In the late 19th century, when increasing numbers of people survived past their useful working life, society (at least in the West) tended to view old age as a time of dependency and decline (Hareven, 1978). Recent surveys indicate that in the European Union, for example,

* Corresponding author. Tel.: +44-1604-735500x2432; fax: +44-1604-720636.

E-mail address: mike.lowis@northampton.ac.uk (M.J. Lowis).

currently 1 person in 15 is aged 75 or over, but forecasts for the year 2020 predict that the figure will have narrowed to 1 in 10 (Walker & Maltby, 1997). At a time when older people are often portrayed as a “burden” on the financial resources of the state, it is important for both those in the caring professions and the aging individuals themselves to understand not just the losses that may occur with advancing years, but also the positive aspects and potential for further development.

Joan Erikson (in Erikson, 1998, p. 105) stated that “Old age in one’s 80s and 90s brings with it new demands, reevaluations, and daily difficulties. These concerns can only be adequately discussed, and confronted, by designating a new ninth stage to clarify the challenges.” The present study undertook to investigate whether or not such a stage of psychosocial development could be identified, beyond Erikson’s (1963) eighth stage of ego integrity versus despair. We anticipated that confirmation of the existence of a ninth stage in extreme old age could have practical uses for those who work with the elderly. For example, Bartlett and Burnip (1998) surveyed 196 clinical nurse managers of institutions for older people in the Anglia and Oxford region of the UK, the purpose being to identify and prioritise the challenges facing carers in the delivery of quality care. One key finding was a lack of staff awareness of the psychosocial needs of the elderly, and a desire to learn more about this issue.

Erikson (1963) saw personality as a lifelong developmental process. His theory, based as it is on the epigenetic principle, identifies eight separate stages of development spanning from birth (basic trust versus mistrust) to an age commencing at about 65 years (ego integrity versus despair). Although life span stage theories per se are not without their critics, and researchers have disputed the notion that development is always unidirectional, see for example Whitbourne, Zuschlag, Elliot, and Waterman (1992), each of Erikson’s stages is reported as having its own time of ascendancy. It is believed to result from interplay of biological pressures within the individual, along with expectations from that person’s environment, both social and cultural. At each stage, there is potential for crisis and conflict because of a “radical change in perspective” toward the end of its time for ascendancy (Erikson, 1980, p. 57). In brief, successful resolution of the eighth stage takes place when the individual can accept what has gone before as inevitable and satisfying, and can also accept without fear that death will occur probably in the not too distant future. This will result in ego integrity. If a person feels that his or her life has been a failure, and that it is too late to start in a new direction, then he or she will be filled with despair (Erikson, 1963).

Research has shown that successful resolution of psychosocial crisis stages is related to life satisfaction. Woods and Witte (1981) obtained a positive correlation between scores on a scale to measure the first six Eriksonian stages and those on a life satisfaction questionnaire administered to adult participants. Lowis and Raubenheimer (1997) likewise obtained a positive correlation between scores on an ego integrity measure and those on the Life Satisfaction in the Elderly Scale (Salamon & Conte, 1984), in their study of retired males.

It does appear from his earlier writings that Erikson believed that negative outcomes of the earlier stages would result in an adverse prognosis for the later ones. For example, Erikson (1963) commented that the ripening of the fruit of the previous seven stages was necessary for the development of ego integrity. A few years later, he added that for normal development, the positive resolution of psychosocial health must persistently outweigh the negative

resolutions of ill health (Erikson, 1967). Hannah, Domino, Figueredo, and Hendrickson (1996) sought empirical support for the notion that successful resolution of Stage 8 was dependent on an equally positive outcome on each of the preceding seven stages. Using participants aged 55–84, the authors found significant and positive correlations between the scores of all eight stages, the highest value being between Stages 7 and 8. They also reported that there were no meaningful differences between men and women on the prediction of ego integrity. Hannah et al. noted that they had presumed that an age of 60 plus implied that an individual had now reached the crossroads of ego integrity versus despair. In other words, one needs to have experienced the previous seven crisis stages before the eighth can become relevant and meaningful.

In later life, Erikson himself appears to have revised his thinking on this matter, as evidenced by some of the literature reports. During a conversation with Hall (1983), responding to the specific question of whether or not the integrity–despair crisis can be successfully resolved without there having been a favourable outcome for all the previous stages, Erikson said, “You couldn’t possibly imagine a person who has resolved all the previous crises equally well. . .” (p. 27). In his 84th year, and having lived through all the life stages himself, Erikson commented that the outcome of stage eight “. . . is not predetermined or foreclosed by the way life has been lived up to this point” (Erikson, Erikson, & Kivnick, 1986, p.40). This is quite an interesting change of direction, although perhaps not fully a U-turn, and shows that Erikson was prepared to modify his views in the light of his own experience of aging. Perhaps it is therefore not surprising that as he himself entered his ninth decade, his thoughts might be leading him toward the notion that there may be something beyond the formality of the eighth, and previously assumed final, developmental stage of life.

In a posthumous, extended version of his earlier work, *The life cycle completed* (Erikson, 1982), his wife and collaborator Joan took the theory one step further and added a new ninth stage (Erikson, 1998). This, she believed, had been overlooked in the original theory, but was now evidenced by her own experience of aging, her witness of her husband’s later years, and her perusal of her husband’s annotated copy of *The life cycle completed*. Joan Erikson believed that it was not until their late 80s and early 90s that both she and her husband really confronted their aging selves, and this led her to the belief that development beyond the eighth stage, accompanied by continued life satisfaction, is possible in (extreme) later life.

In outlining the potential for further psychosocial development beyond the eighth stage, Joan Erikson drew extensively on the work of Tornstam (1989, 1992, 1996) whose theory of gero-transcendence is based on both qualitative and quantitative studies. This theory suggests that living into old age and facing its challenges brings about a shift in meta-perspective from a materialistic and rational view to a more cosmic and transcendent one. This is normally accompanied by an increase in life satisfaction. Tornstam believed that wisdom is identified with gero-transcendence, but noted that Erikson was vague when describing the strength of wisdom in the eighth stage. He speculated that “. . . Erikson, without understanding the meta-theoretical shift of paradigm necessary in order to fully comprehend the meaning of gero-transcendence, has come close to it” (Tornstam, 1989, p. 60).

Tornstam’s theory differs from Erikson’s in that it portrays development as looking beyond oneself and forward into the future. Tornstam (1989) believed that the effects of increased

transcendence on the personality are often misinterpreted as a negative disengagement but, when the observation paradigm changes, then the picture also changes. Psychosocial theory holds that the individual who favourably resolves the eighth crisis stage and attains ego integrity looks back over his or her past life with satisfaction, and can now accept the inevitability of death without fear (Erikson, 1980). Tornstam (1989, 1992), however, believed that the individual on the path to gero-transcendence looks *forward* and outward beyond the self. This can involve a decline in self-centredness and an increase in the amount of time spent in quiet reflection. There is a move beyond all fear of death rather than mere acceptance of its inevitability, and a redefinition of time, space, and objects may take place. Furthermore, withdrawal is freely chosen and can be positive, in contrast to the negative withdrawal suggested for example by Cumming and Newell (1960) in their much-debated Disengagement Theory.

In the ninth developmental stage, it is argued that previously resolved crisis points are again confronted. With the first stage, basic trust versus basic mistrust, for example, placing the syntonic element (i.e., trust) first supports the potential for development, in that the infant develops ego strength of trust if and when this stage is favourably resolved. In later life, with a growing awareness of mental and physical decline, the increasingly frail older person may begin to lose trust in his or her ability to maintain independence, and so there is again a crisis involving the same feature. Joan Erikson stated that she had "... therefore placed the dystonic element (i.e., mistrust) first in order to underscore its prominence and potency" (Erikson, 1998, p. 196), and she stressed the importance of recognising that conflict and tension could be a source of growth and strength.

With regard to the eighth crisis stages of ego integrity versus despair, Joan Erikson wrote that the difficulties faced by individuals in their 80s and 90s involve a constant battle with the dystonic element, and that despair is confronted daily. Just getting through each day is difficult enough and "... one may no longer have the luxury of retrospective despair." (Erikson, 1998, p. 113). She added that if elders could come to terms with the dystonic elements in their life experiences in the ninth stage, they might successfully make headway on the path toward gero-transcendence.

Published evidence does suggest that development continues beyond the resolution of the eighth stage, but that it is often misinterpreted as a further resolution of that same situation rather than a new developmental phase. Agren (1998) reported on her longitudinal study where 85-year-olds were allocated to seven separate categories of adjustment, ranging from self-realising to withdrawing. Seven years later, with the participants being now aged 92, almost half remained in their original adjustment category, but there was a change in both positive and negative directions. Agren believed that her participants employed "cognitive pragmatics" (Baltes, 1993) to allow personality growth despite a decline in level of functioning with age, and there was a reduction in time perspective so that emphasis was centred on the present day. Other evidence comes from Johnson and Barer (1993), who found among their 85-year-old participants a selective withdrawal to an inner world, and a philosophical view of death as a transition point to something else. Nilsson, Ekman, Ericsson, and Winblad (1996) noted a decrease in both self-centredness and interest in material possessions, among their male and female participants aged in their 80s.

Our first objective was to see if an instrument with acceptable reliability and face validity could be developed to measure the resolution of the postulated Eriksonian Stage 9. Secondly, we were guided by the hypothesis that for individuals aged 60 and above, there will be no significant change in the resolution of Erikson's Stage 8 with advancing age, but that favourable resolution of Stage 9 will significantly increase with age. Should these aims be fulfilled, we believed that support would have been obtained for the existence of this additional stage of life span development.

2. Method

This study was conducted as a self-report survey with individuals either completing questionnaires themselves or being assisted to do so through closed question interviews. Responses were suitable for coding and subsequent quantitative analysis. Additional qualitative data were obtained through open questions.

2.1. Participants

A total of 70 females were surveyed, with a mean age of 75.04 years, a range of 53–93, and a standard deviation of 10.95. The main objective was to obtain data from two distinct age groups, namely those in their 60s and those in their 80s/90s. Thirty participants did comply with each of these criteria, with mean ages of 65.1 and 86.4, respectively. Two participants were in their 50s, and eight in their 70s. Data from these 10 individuals were included in correlational analyses but not in the comparison of means tests. Some men were initially recruited, but insufficient numbers of 80- and 90-year-olds were available to justify inclusion in the formal analyses. Where declared, 55% of the 60-year-olds were currently married (24% for the older group), and 28% widowed (72% older group). Details of education or other socio-economic indicators were not requested, but it can be reasonably assumed that the participants averaged around the middle to lower middle class levels. Whilst probably the entire younger group had been gainfully employed earlier in life, comparable data were not available for the older participants.

The participants can be regarded as a convenience sample, although by necessity they were recruited from a range of sources. Individuals who made up the younger group mostly comprised members of a college pension scheme, but also included some primary and secondary contacts. Those from the older group were recruited by a variety of means, one of the objectives being to balance those living independently with others in residential care or sheltered housing. Thus, for the independent group, most individuals were approached through either a day centre or an Age Concern lunch club, although a few were direct contacts. For the latter, wardens or primary carers assisted a researcher to meet potential participants in residential homes or supervised council-owned flats and bungalows. Due to practical constraints, no attempt was made to match the two age groups for exogenous variables.

2.2. Materials

Two instruments were used. For the measurement of Stage 8, a slightly modified version of the Ego Integrity Scale devised by [Lowis and Raubenheimer \(1997\)](#) was employed. This instrument, as originally designed, comprised 30 items constructed from Erikson's verbatim descriptions of ego integrity and despair as detailed in a range of publications ranging from [Erikson \(1959\)](#) to [Erikson et al. \(1986\)](#). Good face validity of the items was thus assured. The scale has five response options, ranging from strongly disagree to strongly agree, scored one to five, respectively. Examples of items are "I can accept the ups and downs of my past life", "My life has been a growth process right up to the present", and "I have accumulated knowledge and experience, and have the ability to apply it." Some questions were phrased in the reverse direction to reduce the opportunity for response bias.

The scale had originally been administered to a population of retired males, and it was then found that the Kuder–Richardson coefficient of internal reliability was .81. ([Lowis & Raubenheimer, 1997](#)). For the present use, it was necessary to delete two items of poor reliability, leaving a 28-item scale with a Cronbach reliability of .86 when administered to the female participants. In the previous study, the scale was administered concurrently with the Life Satisfaction in the Elderly Scale ([Salamon & Conte, 1984](#)). The Pearson correlation coefficient between the two scales was .71 ($P < .001$), thus confirming the view that ego integrity forms part of (about 50%), but is not identical to, life satisfaction.

For the measurement of Stage 9, an original 20-item questionnaire was constructed based on the verbatim statements of Joan Erikson ([Erikson, 1998](#)), thus ensuring once again good face validity. To ensure clarity, the writings of [Tornstam \(1989, 1992, 1996\)](#) were consulted. The work of [Schroots \(1996\)](#) was also utilised, as this further clarified the notion of a ninth stage: development being conceptualised as taking place at three separate levels—social and individual relations, the self, and the cosmic. The same five-point response options were used as per the Ego Integrity Scale. Examples of questions are "I feel increasingly close to those who have gone before me", "There are new positive spiritual gifts to explore in later life", and "I spend more time quietly thinking now." It was possible to reverse seven questions to help reduce response bias. Item analysis measured by Cronbach alpha yielded a statistic of .84, with no low or negative item–total correlations.

Individual items in both scales were randomised for administration in the form of an instrument of 48 items. Provision was included for the recording of age, type of residence, and a few other biographical details, but not participants' names unless they chose to include these in order to receive a written report later.

2.3. Procedure

For the 60s age group, questionnaires were either sent through the post with an accompanying letter and a stamped return envelope, or given personally to individuals, sometimes with additional sets for passing on to their own contacts. The number distributed in this way was 73, and 38 (52%) usable questionnaires were returned. Once the analyses

were completed, letters were sent to all those who had identified themselves (about a quarter of the respondents) expressing thanks, debriefing, and revealing some of the provisional findings.

The procedure for participants aged in their 80s and 90s was more complex and time consuming, and involved personal contact by one of the researchers. Individuals were interviewed in their own rooms (nursing home), houses, or day room, and the voluntary nature of the exercise was explained. If the women were willing to continue, checks were made to confirm that both visual and aural acuity were adequate for participation. Some large print versions of the questionnaires were made available when required. In most cases, the questions were read aloud by the researcher whilst the participant followed with her own copy and then marked the chosen responses. The researcher explained and clarified questions as frequently as necessary, although if more than two questions had to be explained, this was taken as evidence of a cognitive decline below that considered adequate for data collection. In the three occasions when this occurred, the participant's script was excluded from the analyses. Three participants chose to complete their questionnaires in their own time and post the results to the researcher.

If participants volunteered comments during the administration (mostly relating to personal experiences prompted by the questions), these were noted by the researcher. After completion of the instrument, participants were specifically asked if they had any comments, and these were also noted. The individuals were then thanked and debriefed. Refusals to participate were rare, but not all of the completed instruments were useable. Great care was taken to exercise patience and preserve the dignity of these elderly women, and frequent reminders were given that withdrawal could occur at any time. Because of this, we are confident that meaningful data were obtained and, in many cases, the individuals seemed to gain from the personal contact and the participation. We are, however, mindful of the fact that the method of questionnaire administration was not uniform across all of the participants.

3. Results

All quantitative data were coded and processed with the aid of Statistical Package for the Social Sciences computerised programme.

3.1. Descriptive statistics

Raw scores for all 60 participants in the two age groups separately and combined are displayed in [Table 1](#). It will be seen that there is a slight decrease in Stage 8 scores with age but a corresponding increase in those for Stage 9. The standard deviations and ranges suggest a moderate degree of individual variation among the scores for both variables.

On the basis that each part of the questionnaire comprised 20 or more items and were assumed to yield interval data, and that in each case, scores approximated a normal distribution, parametric statistical methods were used for inferential analyses.

Table 1

Summary of scores on Erikson Stage 8 and Stage 9 Scales by female participants aged in their 60s and 80s/90s

	Stage 8	Stage 9
Mean (all) ($N=70$)	114.24	72.80
S.D. (all)	9.99	8.50
Range (all)	93–126 (max = 28–140)	54–96 (max = 20–100)
Mean (60s) ($N=30$)	115.20	70.27
Mean (80s/90s) ($N=30$)	112.43	75.40
S.D. (60s)	9.03	6.26
S.D. (80s/90s)	10.26	10.56

3.2. Correlations

For all 70 participants, Pearson product moment correlations were computed between age and independent variables of development stage ($N=70$):

Age versus Stage 8: $r = -.19$, $P = .13$

Age versus Stage 9: $r = .30$, $P = .01$

Thus, there is a significant positive correlation of medium effect size between age and resolution of Stage 9, but no such relationship between age and resolution of Stage 8.

3.3. Comparison of means

To further explore the relationships between age and the dependent variables, t tests for independent groups were carried out, using data from the two age ranges: 60s and 80s/90s, respectively ($N=30$ for each).

Stage 8

Mean score aged 60s = 115.20

Mean score aged 80s/90s = 112.43

t Statistic = 1.11 (58), $P = .27$ (two-tail) (N.S.)

Stage 9

Mean score aged 60s = 70.27

Mean score aged 80s/90s = 75.40

t Statistic = 2.29 (47.15), $P = .03$ (two-tail)

Thus, the Stage 9 scores for participants aged in their 80s/90s are significantly higher than for those aged in their 60s, but there is no significant difference between Stage 8 scores for the two age groups. The t test results therefore support the findings indicated by the correlation statistics.

3.4. Item discrimination

Having established that the older age group scored higher on the Stage 9 questionnaire as a whole than did the younger age group, it was pertinent to see which items on this instrument discriminated the most strongly between the two age groups. In other words, what is it that changes the most during transition from the 60s to the 80s and 90s? A basic index of discrimination $[(Pu - Pl)/k]$, [Lemke & Wiersma, 1976](#)] was computed for each of the 20 items in the Stage 9 scale, from the scores obtained from the participants aged in their 80s and 90s. The following 10 items (in descending order) all had item discriminations of .250 or greater:

1. I have moved beyond the fear of death.
2. I feel increasingly close to those who have gone before me.
3. I can accept the changes brought about by aging.
4. Overcoming the challenges of later life lifts my spirits.
5. I like the slower pace of life as I have got older.
6. I have rediscovered some of the joy and playfulness of my younger days.
7. Later life has given me a release from the stresses of life.
8. The meaning of life seems more clear to me now.
9. I have become less interested in material things nowadays.
10. There are new positive spiritual gifts to explore in later life.

For the administration of the items to participants, Items 3, 5, 8, and 9 in the above list were among those phrased in the negative direction (with appropriate reverse scoring) to reduce response bias. For example, the actual wording for Item 3 was “I *cannot* accept . . .,” and for Item 5, it was “I *dislike* the slower pace . . .”

4. Discussion

This study set out to establish if confirmatory evidence could be found for a ninth stage of psychosocial development that occurs only in the very elderly, as suggested by [Erikson \(1998\)](#) based on previously unpublished notes left by her late husband Erik, [Tornstam's \(1996\)](#) notion of gero-transcendence, and [Schroots' \(1996\)](#) comments on this, as well as on Joan Erickson's own observations. To the extent that scores on a scale based on original descriptions by these authors were significantly higher in the older group than they were in the relatively younger one, the objective was successfully achieved. Whether or not these findings can be generalised to a wider population would need to be confirmed by additional research: the present participants did embrace a range of ages, locations, and living arrangements, but comprised females only, and numbered just 70 individuals in total.

As with all studies involving quantitative analyses of group scores, there is the risk that individual differences can be overlooked when a statistically significant group trend has been confirmed. The standard deviations of the present results indicate a moderate variation around the mean, and some individuals aged in their 60s achieved quite high Stage 9 scores, whilst

others in their 80s scored quite low (although this was not the case for those in their 90s). Such individual differences could be subjected to further research, to seek data on what may have influenced successful resolution of the ninth crisis stage ahead of the expected time, or had delayed such a resolution. The Stage 8 scores showed no significant change over the age range used in this study, suggesting that the level of ego integrity achieved in the 60s remains relatively stable over subsequent years. On the other hand, the significant and positive correlation of Stage 9 scores with age suggests that the level of gero-transcendence increases in extreme old age. Not surprisingly, reports of attempts to measure ego integrity in participants below the age of about 60 are conspicuous by their absence—resolution of the eighth stages involves looking back over a life span nearly complete. However, a 10-year longitudinal case study of an 82-year-old individual carried out by [Hogstel and Curry \(1995\)](#) did, like the present results, show stability of an ego integrity indicator over the duration.

Not all the items on the Stage 9 scale, constructed as it was largely from the verbatim comments of those who had originally proposed such a stage, proved to have strong discriminative ability (although none worked in a reverse direction). Future work could utilise about a dozen of the most useful items, which would be beneficial when working with the very old, as long questionnaires are both tiring for the participants and time consuming for the researcher. [Erikson \(1998\)](#) mentioned that it was only in their 80s and 90s that she and her husband really confronted their aging selves, and [Tornstam's \(1989\)](#) notion of gero-transcendence suggests a change in meta-perspective from a materialistic point of view to a more cosmic and transcendent one: looking beyond the self and into the future.

The most discriminative item used in the present study, “I have moved beyond the fear of death,” and others in the top 10 that refer to acceptance of change, an increased understanding of the meaning of life, and a closeness to those who have gone before, do indeed seem to confirm a replacement of preoccupation with self with something altogether more transpersonal. An item not in the top 10, but which nevertheless had a positive item–total correlation, “I spend more time in quietly thinking now,” does suggest a cognitive reappraisal of one's life. A distinctly forward-looking attitude, as suggested by [Tornstam \(1989\)](#) for individuals on their way to achieving gero-transcendence, is evidenced by the 10th most discriminative item: “There are new positive spiritual gifts to explore in later life.” Whilst this may suggest introspection and disengagement with social contacts and the physical world, it does not strongly reflect the classic Disengagement Theory as detailed by [Cumming and Newell \(1960\)](#) and subsequently debated (and criticised) by many others since (e.g., [Havighurst, Neugarten, & Tobin, 1968](#), who expanded the disengagement idea to include both social and psychological elements).

The original theory has negative connotations, implying that disengagement may be forced upon an individual through retirement, reduction of social contacts, and ill health, although it has also been suggested that the withdrawal process could be initiated by the individual concerned (see for example the review by [Schaie & Willis, 1996](#)). Taking the more positive gero-transcendent view, the implication is that there is in fact an active *engagement*, but on a different plane (the shift in meta-perspective as mentioned by [Tornstam, 1989](#)). Friends, family, and carers thus need to be sensitive to what may appear to be increasing withdrawal and introspection in their elderly contacts, and not to simply regard it as necessarily a sign of

unhappiness or even dementia to be remedied by forced activity and social contact. This latter approach would likely lead to genuine unhappiness for the person concerned and an interference with engagement in a developmental process that should give a renewed purpose to life. Perhaps we might even envy such an individual for his or her enhanced wisdom and spiritual insight into life's meaning.

Although not forming part of the main study reported here, it may be mentioned that qualitative comments volunteered by participants did not tend to unequivocally support the notion that life satisfaction was necessarily higher for those living independently than it was for those in nursing homes or very sheltered accommodation. In particular, only those living independently made comments about loneliness as well as the burden of maintaining their homes. Quantitative analyses were carried out to compare the resolutions of Stages 8 and 9 crisis among the 80s/90s participants in the two domiciled situations. The trend was for the highest scores on both stages to be obtained for those in sheltered or nursing accommodation, but statistically the differences were nonsignificant. The observations are nevertheless worthy of further research.

We conclude that despite the limitations of participant numbers and cross-sectional sampling, procedural differences, and other possible confounding variables, we have produced an instrument that has reliably measured a variable that reaches its ascendancy at an age beyond that normally ascribed to the developmental stage of ego integrity versus despair. The latter has been the paradigm for challenges in later life for nearly 40 years, since its proposal by Erikson (1963). If confirmed, the existence of a Stage 9 would suggest that human beings remain in a situation of potential psychological and (perhaps) spiritual growth throughout their life span, regardless of how many years this may last. Such knowledge can only be a source of comfort to aging individuals themselves, as well as invaluable to friends, relatives, and carers who can gain in their level of understanding of what underlies the superficial behaviour of their elderly charges.

References

- Agren, M. (1998). A qualitative longitudinal study of how the oldest old experience and adjust to the increasing uncertainty of existence. *International Journal of Aging & Human Development*, 47, 105–117.
- Baltes, P. B. (1993). The ageing mind: Potential and limits. *The Gerontologist*, 33, 580–594.
- Bartlett, H., & Burnip, S. (1998). Quality of care in nursing homes for older people: Providers' perspectives and priorities. *NT research*, 3, 257–268.
- Cumming, E., & Newell, D. S. (1960). Disengagement: A tentative theory of aging. *Sociometry*, 23, 23–24.
- Erikson, E. H. (1959). The healthy personality. *Psychological Issues*, 1, 50–100.
- Erikson, E. H. (1963). *Childhood and society* (2nd ed.). New York: Norton.
- Erikson, E. H. (1967). The problem of ego integrity. In M. R. Stein, A. J. Vidich, & M. White (Eds.), *Identity and anxiety* (pp. 37–87). New York: Free Press.
- Erikson, E. H. (1980). *Identity and the life cycle* (2nd ed.). New York: Norton.
- Erikson, E. H. (1982). *The life cycle completed: A review*. New York: Norton.
- Erikson, E. H. (1998). *The life cycle completed. Extended version with new chapters on the ninth stage by Joan M. Erikson*. New York: Norton.
- Erikson, E. H., Erikson, J. M., & Kivnick, H. Q. (1986). *Vital involvement in old age*. New York: Norton.

- Hall, E. (1983, June). A conversation with Erik Erikson. *Psychology Today*, 22–30.
- Hannah, M. T., Domino, G., Figueredo, A. J., & Hendrickson, R. (1996). The prediction of ego integrity in older persons. *Educational and Psychological Measurement*, 56, 930–950.
- Hareven, T. K. (1978). The last stage: Historical adulthood and old age. In: E. H. Erikson (Ed.), *Adulthood* (pp. 201–215). Toronto: McLeod.
- Havighurst, R. J., Neugarten, B. L., & Tobin, S. S. (1968). Disengagement and patterns of aging. In: B. L. Neugarten (Ed.), *Middle age and aging: A reader in social psychology* (pp. 161–172). Chicago: University Press.
- Hogstel, M. O., & Curry, L. C. (1995). Ego integrity versus despair in the later years. *Journal of Clinical Geropsychology*, 1, 165–173.
- Johnson, C. L., & Barer, B. M. (1993). Coping and a sense of control among the oldest old: An exploratory analysis. *Journal of Aging Studies*, 7, 67–80.
- Lemke, E., & Wiersma, W. (1976). *Principles of psychological measurement*. Boston: Houghton Mifflin.
- Lowis, M. J., & Raubenheimer, J. R. (1997). Ego integrity and life satisfaction in retired males. *Counselling Psychology in Africa*, 2, 12–23.
- Nilson, M., Ekman, S. -L., Ericsson, K., & Winblad, B. (1996). Some characteristics of the quality of life in old age illustrated by means of Allardt's concept. *Scandinavian Journal of Caring Sciences*, 10, 134–143.
- Salamon, M. J., & Conte, V. A. (1984). Manual for the Salamon–Conte Life Satisfaction in the Elderly Scale (LSSES). *Psychological Assessment Resources*.
- Schaie, K. W., & Willis, S. L. (1996). Adult development and aging (4th ed.). New York: Harper Collins.
- Schroots, J. J. F. (1996). Theoretical developments in the psychology of aging. *The Gerontologist*, 36, 742–748.
- Tornstam, L. (1989). Gero-transcendence: A meta-theoretical re-formulation of the Disengagement Theory. *Aging*, 1, 55–63.
- Tornstam, L. (1992). The quo vadis of gerontology: On the gerontological research paradigm. *The Gerontologist*, 3, 318–326.
- Tornstam, L. (1996). Caring for the elderly: Introducing the theory of gero-transcendence as a supplementary frame of reference for caring for the elderly. *Scandinavian Journal of Caring Sciences*, 10, 144–150.
- Walker, A., & Maltby, T. (1997). *Ageing Europe*. Buckingham: Open University Press.
- Whitbourne, S. K., Zuschlag, M. K., Elliot, L. B., & Waterman, A. S. (1992). Psychosocial development in adulthood: A 22-year sequential study. *Journal of Personality and Social Psychology*, 63, 260–271.
- Woods, N., & Witte, K. L. (1981). Life satisfaction, fear of death, and ego identity in elderly adults. *Bulletin of the Psychonomic Society*, 18, 165–168.