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Chapter I

Review of the Literature

"The great thing about getting older is that you don't lose all the other ages you've been."

- Madeleine L'Engle

Our country is in the middle of an "elder boom." Over the past 100 years, the average human life span in the United States has increased by almost 30 years. By 2030, 70 million Americans (1 in 5) will be 65 or older. Currently, the oldest segment of the population (those 85 and over) is growing the fastest. The number of Americans 85 and over was 4 million in 2000 (2% of the U.S. population) and is projected to increase to 19 million (5% of the U.S. population) by 2050. Women comprise the majority of older individuals in the United States and worldwide; in 2000 58% of Americans 65 and older and 70% of those 85 and older were women (Federal Interagency Forum on Aging Related Statistics, 2000). As people live longer, they want their later years to be happy, healthy, and productive. However, few resources have been devoted to understanding and improving the psychosocial development of older adults. In part, this may be because, until recently, few adults lived beyond seventy. As more people live longer, they can provide scientists with a richer picture of late life. Not only are individuals surviving into their later years, many are remaining active and vital. This time of life brings particular
developmental challenges that older adults must confront in order to age in a healthy manner.

Theorists have studied lifespan psychosocial development in depth for several decades now. Beginning with Erik Erikson, psychologists started to examine the ways an individual interacts with his or her environment, and how the two influence each other throughout the life span. Erikson expanded upon Freud's theory of psychosexual development with his psychosocial theory. Unlike Freud, Erikson's theory was intended to describe psychosocial development across the life span, from birth to death. Erikson, like Freud, has been criticized for espousing a theory that is based upon male developmental norms (Hoare, 2002). By neglecting the aspects of development pertinent to women, these theories may be limited in their generalizability to women. Few studies have explored women's development in late life empirically.

The purpose of the present study is to evaluate empirically the changes in psychosocial development for women in late life. The Measures of Psychosocial Development (MPD), an empirical measure of Erikson's theory, will be used to explore the particular developmental challenges and strengths of older Caucasian women. This study samples two groups of older women, those in their 70's and 90's. A within-subjects longitudinal comparison will be made between the MPD results of these women today with their results from ten years ago (in their 60's and 80's). Additionally, between age group comparisons on the women's current MPD scores will be conducted to explore possible differences in developmental issues. These findings will help to better understand how women's psychosocial development changes over the course of late life.
They also may help clarify the usefulness of Erikson's psychosocial theory of development with regard to older women.

Despite increasing numbers of older women, our understanding of their psychosocial development remains limited. What follows is a review of the literature pertinent to Erikson's theory of lifespan development as it applies to older women. The first section describes Erikson's theory and explores how it evolved to better describe late-life. The second section describes other theories of late-life development. Empirical applications of Erikson's theory, including studies using the Measures of Psychosocial Development, are reviewed in the third section. The fourth section discusses the limitations of Erikson's theory with regard to women's development, and the fifth section cites empirical studies to support that criticism. Finally, the limited studies of older women's psychosocial development are reported.

_Erikson's Psychosocial Theory of Development_

For years, psychologists have been interested in psychosocial development, which describes human development in relation to the world around them. One of the first theories of psychosocial development was described by Erik Erikson. His notion of psychosocial development encompassed eight stages, which an individual passes through consecutively across the life span. Each stage was marked by a tension between opposing elements, a syntonic and a dystonic element. The individual's task at each stage was to resolve the tension in accordance with both society's pressures and the unique needs of the individual (Schroots, 1996). Erikson saw society as the "context" for understanding human development (Weiland, 1993).
Erikson’s “eight ages of man” is a notable model of development because it was one of the first to view psychosocial development as a life-long process (Erikson, 1997). Individuals do not simply master one challenge after another. “Rather, at every successive developmental stage, the individual is also increasingly engaged in the anticipation of tensions that have yet to become focal and in reexperiencing those tensions that were inadequately integrated when they were focal,” (Erikson 1986, p.39). In contrast to earlier theories, Erikson recognized the capacity for human beings to grow and change throughout their entire lives. According to Joan Erikson, resolving each stage, thereby attaining all virtues, is a series of “lifelong developing processes,” (1997). As individuals age, they become progressively more concerned with the world around them. Erikson called this “re-experiencing”, or resolving earlier conflicts based on current developmental level and environmental demands. Thus as we grow, we are constantly revising our experiences; our sense of hope, fidelity, care, etc., is in flux as well.

Each of Erikson’s eight stages of development focused on a particular crisis in a person’s life. Successful resolution of each crisis resulted in a person developing a specific virtue. The first crisis involves trust vs. mistrust, or the decision to rely on or be wary of another person, key in the first year of life. When that stage is resolved, the virtue of hope is instilled. The trust dilemma will continue to play out during the life span, affecting the degree of hope in the person’s life. The second stage is autonomy vs. shame and doubt, prominent from ages 1 – 3. Toddlers become able to do for themselves, but may feel ashamed or unsure if the parent does not reinforce their behavior. Will is developed if this stage is appropriately resolved by the child. The ability to walk gives
rise to the third stage, initiative vs. guilt from ages 2 – 6. Children want to become responsible, but failure to do so may result in guilty feelings. A sense of purpose from continued responsibility will develop if this stage is resolved. Early school years (ages 6 – 12) set the stage for industry vs. inferiority. Children begin to juggle more demands at school, and must meet the demands of an environment outside of the home. Failure at school can cause feelings of inferiority. Conversely, success will lead to a sense of competence.

Adolescence is a time for discovering one’s identity, according to Erikson. Peer groups and affiliations help adolescents master the task of identity vs. role confusion. Fidelity to friends and organizations will develop if adolescents resolve this crisis. Love relationships are the most important part of young adulthood (ages 19 – 40). The crisis of intimacy vs. isolation is centered on becoming deeply involved with others, or fearing and retreating from them. Young adults who resolve this stage will attain the virtue of love. The seventh stage, generativity vs. stagnation (ages 40 – 65), deals with the desire to help the next generation, yet feeling unwilling or unworthy to do so. Giving back unselfishly to others results in the development of care. The eighth stage is ego integrity vs. despair (ages 65 – death), the belief that life either had or lacked meaning. Wisdom is the ultimate virtue, as it is developed through a lifetime of experiences.

As Erikson himself aged, he became interested in how the eight stages played out in the experiences of older individuals. Erik Erikson, Joan Erikson, and Helen Kivnick interviewed older adults from their early seventies through their late nineties, all of whom had been part of a large research study. The researchers interviewed both men and
women, and drew general conclusions about late-life development. However, they did not make specific hypotheses about gender differences in late life. The product of those interviews was the book *Vital Involvement in Old Age* (1986), in which the authors describe the developmental challenges of the later years. At this point in his career, Erikson anticipated that in old age, as at other points in life, individuals reexperienced earlier developmental concerns, and some of the previously acquired traits undergo "disdevelopment," where what had been resolved was no longer so (Erikson, 1986). For example, the identity vs. role confusion stage may be resolved by career choice. However, retirement may upset the balance, thrusting one back into role confusion once more.

Erikson later expanded on the challenges faced in late life, and recognized the need for a ninth stage. He saw the period of time from the late eighties through the nineties as a period bringing "new demands, reevaluations, and daily difficulties" (Erikson, 1997). This stage did not call for a new crisis, but Erik and Joan Erikson explored the prior stages in light of the strain of old age: loss of mobility, frailty, and imminent end of life. Because the Eriksons conceptualized old age as a potentially challenging time, they emphasized the negative (dystonic) aspect of each stage as it is reexperienced in old age, in what they call the "ninth stage." When confronting arguably the biggest crisis of all, the loss of one's body, the imminence of death is often accompanied by despair. Other dystonic elements come to the forefront, while hope and trust, according to Erikson, are no longer as steady as they once were. The environment puts unique demands on elderly individuals, which may lead to new tension in the
developmental tasks, which Erikson described in detail (Erikson, 1997). As individuals lose their loved ones and experience diminished physical capacities, they may experience mistrust of themselves and the world around them, doubting their ability to behave as they once did. They may feel guilty over the burden they place on their family members, as routine tasks become more taxing. Perceiving themselves as truly “old” may leave seniors confused about their identities and roles. A sense of isolation may set in as loved ones depart, distanced by geography, estrangement, or death. With fewer demands being placed on them, elderly individuals may feel they have nothing to give in return. An overwhelming sense of loss and sorrow may lead to a strong feeling of despair. The dystonic elements of each stage can be particularly salient at the end of life.

At the same time, the Eriksons stressed that as we age, the gained strengths of each stage ultimately help us deal with the end of life (Erikson, 1997). Strengths and virtues aid individuals as they face the challenge of death. Erikson was hopeful, saying, “I am persuaded that if elders can come to terms with the dystonic elements in their life experiences in the ninth stage, they may successfully make headway on the path leading to gerotranscendence,” (Erikson, 1997, p.114)

Joan Erikson described the concept of gerotranscendence in her update of The Life Cycle Completed (1997), which she wrote at the age of 93. As an individual reaches the end of life, he or she has to face physical deterioration of the body, and become more meta-physical in perspective. She describes the experience of this individual as more connected with the “spirit of the universe”: more focused on the immediate present, having a narrower physical universe as mobility decreases, accepting of death as a natural
part of life, and connected communally to others. When Joan herself reached her 90's, she used the play on words "transcendence", to describe her own reaching to "rise above, exceed, outdo, go beyond, independent of universe and time" (Erikson, 1997, p.127). As the task in the ninth stage is attaining transcendence, older adults dealing with this task must decrease their societal responsibilities in order to focus on it. Joan Erikson states that the syntonic and dystonic elements from earlier in life are present on the journey towards transcendence, and the tension between those elements is the "very root of success" (1997). The challenge presented by the opposing elements leads to personal growth and resolve, as one prepares for the end of life.

Alternate Theories of Psychosocial Development in Late Life

Other psychosocial theories of development have been advanced, many in conjunction with, or in response to, Erikson's theory. A forerunner to Erikson was Havighurst's activity theory. As in Erikson's psychosocial development model, Havighurst asserted that there were specific developmental tasks leading to happiness and success with later development if they were accomplished. His ideas later evolved into activity theory, which described old age as a time when previous roles are discarded due to disability or loss, and must be replaced with new ones for an individual to maintain a healthy sense of self (Schroots, 1996). Older adults have the same psychosocial needs as middle-aged individuals, but they often have to fulfill them in ways to which they are not accustomed. Alternatively, disengagement theory poses a less optimistic view of old age. Cumming and Henry theorized that older adults simply withdraw rather than seeking out alternatives to the roles they have played in their earlier years (Schroots 1996).
Disengagement and activity theories both describe ways individuals adjust to old age, but have varying implications. Activity theory focuses on the elderly remaining vital in their later years, but disengagement may be more in line with societal demands. Society prefers to relegate the elderly out of the workforce, which keeps major responsibilities from individuals more susceptible to sudden illness or death.

Robert Peck (1968) explored psychosocial issues of later life in detail, elaborating on Erikson's stages. He described three issues that occur in old age. The first is Ego-Differentiation vs. Work-Role Preoccupation. Using male development as the primary evidence for this issue, Peck described how retirement becomes a challenge for individuals as they look for other ways to demonstrate their worth. Another issue that arises is Body Transcendence vs. Body Preoccupation. As older people experience some decline in physical functioning, they have to balance concern about physical decline with finding comfort through other activities. A third issue of concern is what Peck called Ego Transcendence vs. Ego Preoccupation. Resolving this issue through interpersonal charity and generosity will lead to what Peck believes to be successful aging (Peck 1968).

Other theorists have challenged Erikson's conceptualization of psychosocial development arising in stages. Lacy and Hendricks (1980) questioned whether developmental stages were a myth, and scholarly adherence to them simply stemmed from Freud's psychosexual stages. In their review of prior literature, Lacy and Hendricks found most authors did not find strong support for models utilizing developmental stages. Social class, race, and sex were more strongly related to participants' attitudes toward
W omen '  s Development 10

their lives. Lacy and Hendricks concluded that social and contextual factors were equally or more significant than age in explaining adult development.

In a review of the literature of adult development, Wortley and Amatea (1982) delineate assumptions that major theorists and researchers in adult development held at the time. The assumptions are as follows:

1. "There is an identifiable set of changes that characterize different stages or periods of the adult life course.

2. Adult developmental changes and processes are not discrete but are, instead, systematically interrelated.

3. The individual’s process of managing each life change is influenced by the quality of the management of previous developmental changes and transitions, and thus a cumulative and sequential process.

4. Adult changes are not tied to biological aging per se, but to a complex of multiple environmental, interpersonal, and intrapsychic factors.”

(Wortley and Amatea, p.478)

In sum then, adult development can be charted through different stages, but contextual factors must also be taken into account in explaining it.

Bernice Neugarten emphasized the importance of viewing the life cycle in more fluid terms, stating, “It is something of a distortion to describe adulthood as a series of discrete and neatly bound stages, as if adult life were a staircase,” (Neugarten, 1979, p.891). She believed that in our society, age is less relevant; rather, developmental theorists should be focusing on the recurrent themes of people’s lives in whatever order
they arise. She stated, "A person uses age as a guide in accommodating to others, in
giving meaning to the life course, and in contemplating the time that is past and the time
that remains" (Neugarten and Neugarten, 1987, p.30) That statement describes
Neugarten's conceptualization of old age. Older people have had many different
experiences in life, affording them a unique perspective on life that younger people do
not share. They derive meaning from their age in life, but they are not defined by their
age per se. She believed that as individuals age, their lives become more intertwined and
complex. Relationships are formed, careers are established, and goals are made. At the
same time, she also supports the idea of "unisex of later life." Once the nest has emptied,
both men and women are freed of the rigid sex-roles that parenthood had placed on them.
Women may express more stereotypically masculine characteristics such as
independence, while men may express more nurturance. While Neugarten supported
developmental changes in old age, she cast doubt upon stage theorists' idea that every 10
years, people simply change (Neugarten and Neugarten, 1987).

Erikson's stage theory has been criticized as potentially "rigid and deterministic"
(Weiland, 1993). Melia proposed a model of development based upon the theme of
continuity in the individual's sense of self (Melia, 1999). Rather than particular crises
arising in sequence, development in continuity involves continually evaluating one's self
across time. Melia (1999) studied continuity in a sample of nuns, ranging in age from 68
to 98. Using life stories, Melia found support for continuity in the themes of faith, family,
education, friends, community, and service that emerged in the stories. Ego integrity, as
Erikson defined it, existed in the majority of the sample but needed to be "continually
reestablished for successful aging." Generativity was another theme that was evident across the life span, not simply emerging in middle adulthood.

An alternative to both stage theorists like Erikson and Robert Peck, and continuity theorists like Neugarten was proposed by Johnson and Barer (1997). Because typical aging in the oldest old individuals involves physical and cognitive limitations, Johnson and Barer advocated studying late life adaptation to that disability. Individuals may use different adaptation strategies to help them deal with the demands of physical disability. Often, an individual’s ability to adapt depends on his or her life history, so a life-span perspective allows for a more thorough conceptualization of that adaptation.

_Empirical Studies of Erikson’s Theory_

Researchers have found empirical support for the crises individuals face at particular times across the life span. A research method that lends itself to studying Erikson’s theory in detail is that of the life history. Erikson himself used life histories, autobiographical narratives of an individual’s experiences, to restate his own theory late in his career. Weiland (1993) described Erikson’s efforts as being “instrumental” in making the narrative an important function of psychoanalysis in the past few decades. Rennemark & Hagberg (1997) obtained life histories from 71-year-old individuals, and found support for Erikson’s belief that experiences affect how individuals see themselves in the present.

The Measures of Psychosocial Development was an instrument developed by Hawley (1980) to aid in applying Erikson’s theory to educational, clinical and research objectives. The MPD quantifies Erikson’s developmental stages into measurable
amounts, allowing the resolution of those stages to be studied both across time and across subjects.

Several studies have utilized the MPD with a variety of populations. Bringaze and White (2001) employed the MPD in their study of factors contributing to psychological adjustment of gays and lesbians. They identified 262 leaders in the lesbian community, ages 24 to 63, as subjects to determine the degree of psychosocial adjustment of these women. The MPD was used as a validity check against the questionnaire the authors created to ask about issues specific to homosexual development. These subjects were part of an underserved population and geographically diverse, although they were primarily Caucasian (81% of subjects).

Wrobbel and Plueddemann (1990) used the MPD to study the psychosocial development of adult “missionary kids.” They investigated the relationship between living overseas and psychosocial adjustment in 292 adult children of missionaries. Their subjects ranged in age from 23 – 69. Most were ages 30 – 39 and 53% were females. Wrobbel and Plueddemann determined that while having high positive resolution scores on the MPD, subjects who had lived abroad did not resolve stage crises as effectively as a normative comparison group. They caution that these results may be due to the MPD being normed on Americans in the United States, and may not be as applicable to those living abroad.

Drummond and Hansford (1992) explored the personality development of African-American unwed teen mothers compared to their non-parent female peers. The mean age of the 73 subjects was 16, with 49 teen mothers participating, and a control
A group of 24 black adolescent girls. All subjects were given the MPD, along with other personality measures. The teenage mothers were found to have poorer resolution of specific crises: Trust vs. Mistrust, Industry vs. Inferiority, and Identity vs. Identity Confusion.

Romig and Veenstra (1998) investigated the relationship between forgiveness and psychosocial development. The MPD and the Enright Forgiveness Inventory (EFI) were given to 113 undergraduate education majors. Subjects ranged in age from 20-53; 73% were women. Researchers found a correlation between the total resolution scale on the MPD and overall forgiveness score on the EFI. More generally, they discussed clinical implications, such as how unresolved developmental tasks may affect a client’s ability to forgive.

Euler (1992) used the MPD as a measure of deep psychological well-being, and compared it to a measure of shallow psychological well-being, the Self-Anchoring Striving Scale. He recruited a sample of older adults (ages 66-90, n = 81) with a relatively even distribution of women to men (42% and 58%, respectively). As subjects were asked to complete two measures, the author used only four subscales of the MPD to decrease the likelihood of fatigue with his older subjects. He found only a modest correlation (r = .4202), between the two instruments, and cautioned that gerontologists should move away from superficial indicators of psychological adjustment (i.e. the Self-Anchoring Striving Scale) in studying older individuals. Rather, more sophisticated measures like the MPD are prone to have greater discriminatory power in understanding differences in this population.
Sheldon and Kasser (2001) linked Erikson's theory of development to the concept of psychological maturity. The authors looked at personal goals generated by research participants as an indication of such maturity, and hypothesized that older adults would evidence a greater amount of that maturity. Goal statements were elicited from the 108 participants in the study, and themes relating to four of Erikson's stages (identity, intimacy, generativity, and ego integrity) were examined. Sheldon and Kasser speculated that older adults would be less concerned with identity and intimacy, which the authors regarded as less mature concerns, and instead have goals reflecting generativity and ego integrity. Results from this study supported the idea that older adults would look to satisfy their deep psychological needs, which were identified in this study to be the Eriksonian constructs of generativity and ego integrity. Furthermore, the authors did not find a curvilinear effect when comparing Eriksonian themes with age. They summarize this as follows: "The lack of curvilinear effects raise the possibility that once more mature psychosocial themes become salient within a person’s life, they tend to remain important rather than fade away, to be replaced by new themes" (Sheldon and Kasser, 2001). Thus, these findings do not support Erikson's stage theory, at least not with these four variables.

Another study examined individuation and psychosocial development as they relate to gender differences. Garbarino, Gaa, Swank, McPherson, and Gratch (1995) enlisted a culturally diverse group of students from a small public university (24% Black, 13% Asian, 37% Hispanic, 20% White, 6% Other). Among other measures, the 224 subjects completed the MPD to determine if there were patterns of results unique for each
gender. While only two subscales were used (the identity and intimacy resolution subscales), different conclusions were drawn for each gender. Women were shown to have less conflict than men had between being highly individuated and sustaining relationships with others. The authors concluded that as women become more sure of who they are, they both maintain their identities and find support through their relationships with others.

Several studies of women have been conducted in response to criticisms that Erikson’s theory is not applicable to women, particularly in late life. Peterson (2002) studied generativity in a sample of women at age 43, and ten years later. Women who experienced a high degree of generativity also felt cared for themselves, suggesting that in giving back to others, women experience personal rewards. Peterson also suggested that generativity was not confined to middle age, but perhaps expressed differently in earlier and later life. Wisdom, the product of successfully resolving Erikson’s last stage of development, has also been studied in women. Ardelt (2000) examined a sample of women from the Berkeley Older Generational Study, one of the larger and more comprehensive longitudinal studies of the 20th century. A non-representative sample of 82 Caucasian women was evaluated in hopes of determining the link between old age and wisdom, and the possible antecedents for wisdom in the later years. Ardelt determined that social support in young adulthood potentially leads to wisdom for women. Wisdom is linked to life satisfaction as well, which supports its place in Erikson’s theory.
The applicability of Erikson's theory to women has been questioned. In her pioneering book on women's moral and personality development, Carol Gilligan cited various sources of evidence that psychological theory has been challenged by women's issues (Gilligan, 1982). Among others like Freud and Piaget, Erikson's theory was examined by Gilligan in terms of its application to women. While she notes that Erikson recognized sex differences, she believed he had not adequately addressed women's development. Furthermore, Gilligan argued, "when women do not conform to the standards of psychological expectation, the conclusion has generally been that something is wrong with the women" (Gilligan, 1982, p. 14). Her call to study the uniqueness of women's development has begun to be addressed (Stewart, Ostrove, and Helson, 2001; Giesbrecht, 1998; Helson, Pals, and Solomon, 1997; Canneto, Kaminski, and DeFelicio, 1995; Harris, Ellicott, and Holmes, 1986; Evans, 1985; Reinke, Ellicott, Harris, and Hancock, 1985).

Sorell and Montgomery (2001) reviewed literature criticizing Erikson and other "grand theorists" as being products of their time; basing their theories solely on Caucasian male development as the prototype for all human development. They questioned whether Erikson's theory can be useful to women, but concluded it may still serve as a general outline for psychosocial development. They then reexamined Erikson's theory from a feminist perspective. Sorell and Montgomery argued that the theory was androcentric, meaning that it was based upon masculine patterns of growing and behaving. They also cited individuation and separation as problematic in terms of
women's identity development. Erikson's model held that, prior to successfully resolving the adolescent identity crisis, individuals need to become increasingly independent and self-reliant in order to resolve the previous stages. If women's sense of identity is based on relationships with others, then to individuate is to become more traditionally male. Fulfilling traditional feminine roles by getting meaning out of relationships with others can be construed as deviant and unhealthy.

Sorell and Montgomery (2001) suggested three possibilities for why women's psychosocial development may differ from men's. First, they agreed that women's biology, specifically hormonal changes of puberty and menopause, might lead to women's "deviance" from developmental norms based on men. Thus, men would be expected to have a greater chance for developmental success than women have. Second, women may face the same psychosocial crises and achieve the same developmental outcomes men face, but the processes by which they resolve the crises differs from that of men. Sorell and Montgomery concluded that if this alternative is correct, Erikson's theory makes sense but it is incomplete; it does not take into account women's relationality with the world. Third, in line with feminist principles, they leaned towards Langdale's idea that women and men need to develop independence and connectedness in the early years of life. In our culture, it is gender socialization that causes men and women to balance the two demands differently (Sorrell and Montgomery, 2001).

Freed (1984) described the variation between the male and female life cycle. She argued that for women, attachment and relationships are of primary importance, in contrast to autonomy and separation for men. Freed applied work by Gilligan in female

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development to older women in particular. In old age, loss of loved ones may hold unique meaning for women, as women's identities may be "threatened by separation." Significant losses may damage ego integrity in women, challenge their coping abilities, and potentially lead to depression and anxiety in older women.

Giesbrecht (1998) developed a path model of psychosocial development for both genders. She integrated various theories of development including Erikson's, Kohlberg's moral reasoning stages, Fowler's faith development theory, Hoffman's idea of empathy, as well as Gilligan's and Lyons' gender-development models. The resulting path analysis indicated that while young men and women confront similar developmental challenges, they negotiate them in unique ways. Women's sense of generativity was motivated by empathy for others, in contrast to men who responded to others based upon cognitive motivations. More broadly, Giesbrecht spoke of different "languages" for both genders in terms of their orientation in society. Women, through social connection and empathy, derived their sense of self-worth through helping others. Giesbrecht linked this to Gilligan's view of female development characterized by intimate relationships. She cautioned that because her research was done on a population whose mean age was 24; her results may not generalize to older cohorts. She suggests that future research is needed to examine "a broader cross-section of ages" (Giesbrecht, 1998, p.476).

**Empirical Studies of Women's Psychosocial Development**

Zucker et al. (2002) conducted a cross-sectional study of college-educated women in three cohorts: mean ages 26, 46, and 66. They assessed the effect of gender and birth cohort on adult development by having subjects rate themselves and the other age groups
on five personality traits related to development. Results were compared to Erikson's developmental theory. Identity formation continued to be a prominent issue for these women well into mid-life, not solely dominant in adolescence as Erikson suggested. Generativity did appear to stand out in midlife over other age periods. Later adulthood was found to be a time of decreased personal distress and a focus on identity and generativity. The authors suggested this period of "well-being" warrants further study.

Since the course and trajectory of life-span development continues to be the subject of much theoretical debate, longitudinal studies are well suited to answer questions about how people change over time (Helson, Pals, and Solomon, 1997, Vandewater, Ostrove, and Stewart, 1997, Diehl, Hastings, and Stanton, 2001). Yet, few studies of psychosocial development utilize longitudinal research methods, and those with women are particularly rare. One such study was the Mills College Study, which has been the basis for additional studies (Roberts and Helson, 1997, Stewart, Ostrove, and Helson, 2001). The Mills women were followed from 1958 to 1989, and were tracked on many variables, including individualism, narcissism, and norm-adherence. The researchers in the Mills Study attempted to draw several conclusions about change in these characteristics over time; however, they noted that such conclusions were difficult to draw based on a narrow sample of women. For this cohort (college seniors in 1958 or 1960), several trends have appeared. Early on in adulthood, these women focused on marrying, in response to social norms. After children were raised, these women then reported feeling free to pursue or prioritize vocational goals. This and other longitudinal studies (Helson, Pals, and Solomon, 1997) demonstrate relaxing role expectations for
women early in life, as well as greater freedom to pursue intellectual goals at all stages of adulthood (Helson et al., 1997).

A unique study examining developmental trends and well-being of women at mid-life was conducted by Stewart, Ostrove, and Helson (2001). They combined results from three longitudinal studies of women: the Michigan Women's Life Paths Study, the Mills Longitudinal Study, and the Smith Alumnae Study. The authors identified four developmental issues arising for women in midlife based upon the work of Erikson and Neugarten: identity, generativity, confidant power, and concern about aging. The first three issues were hypothesized to facilitate healthy aging. The last, concern about aging, was hypothesized to be detrimental to healthy aging at mid-life. These issues were presumed to relate to personality change at midlife. Using both retrospective and concurrent data from the three studies, the authors found that the salience of all four issues increased in women from age 30 to 50. They saw this as women feeling empowered in their middle years, in contrast to the cultural view that middle age is a negative time for women. They were also able to compare women's actual and perceived changes across these variables from ages 40 to 50. They found a high similarity between what women reported and what they experienced. This indicates that women can typically be accurate in self-reports of their own psychosocial developmental changes. One limitation of this study was the narrow sample of women used; nearly all were Caucasian, college-educated, and middle to upper-middle class.
Psychosocial Studies of Older Women

In our society, age has a unique meaning for women (Hurd, 1999). Older women have changing roles as caregivers, spouses, and widows. They must contend with the messages society gives them about their physical attractiveness and desirability in later life. In terms of gender, women have unique developmental experiences that need to be further explored systematically. These unique experiences are especially noteworthy, because women experience them alone, perhaps without their life partner. Gilligan (1982) portrayed the traditional view of women’s tasks at midlife as focused on the inherent separation from others that the older years bring, and the threat that separation poses to women, whose own identity is wrapped up in their attachments with others. In challenging those ideas, Gilligan found what might be an alternative truth: that women’s interdependence with others and the separation they face at midlife may be not an individual problem, but a societal one. As more women have entered the work force since Gilligan’s book was published, one may question whether society has come to terms with the traditional view of women or if it has resulted in new challenges for women at midlife.

While there have been many studies examining women’s psychosocial development at midlife, few studies have looked at psychosocial development for women after age 60. Our limited understanding has generally come from studies of both men and women in late-life. Canetto, Kaminski, and Felicio (1995) examined aging patterns in women and men for both typical and optimal aging. They interviewed sixty- and seventy-five-year-old women and men as well as their younger relatives regarding their
perceptions of aging. Older men were perceived as rational, intellectually competent and autonomous, while older women were seen as nurturing. Overall, researchers found a gender-based double standard for typical but not optimal aging.

Agren (1998) undertook one of the few longitudinal studies of the oldest-old. She interviewed 129 adults at the age of 85, and reinterviewed the 41 surviving members at the age of 92. Qualitative methodology was used to extract seven patterns of adjustment from those interviews. The adults who survived to 92 tended to use a greater number of cognitive strategies to help them deal with the impending end of life. One of these cognitive strategies involved balancing the positive and negative aspects of aging in order to arrive at a sense of synthesis. Agren likened this synthesis to the task of balancing integrity and despair to gain wisdom in Erikson’s last stage. While this appears to be a potential link to Erikson’s theory for women in late life, further conclusive empirical evidence of this link has yet to be found.

Summary of Feminist Theories of Psychosocial Development

In an effort to better describe the experience of late life for women, the work of feminist theorists has been included here. In Gilligan’s 1982 work *In a Different Voice*, she states, “Among the most pressing items on the agenda for research on adult development is the need to delineate *in women’s own terms* the experience of their adult life” (p.172.) While Gilligan’s own research focused on moral-cognitive development and the theories of Piaget and Kohlberg, the focus of this study is on psychosocial development. In searching, there have been few other feminist studies of psychosocial development in recent years and even fewer focusing on mid or late life (Peterson and
In a review of both literature and psychology textbooks, Gergen (1990) found limited and narrow research into women's adult development. What was written, for example in a Psychology of Women textbook, was devoted to sexuality, mothering and widowhood. Only a small remainder discussed mental health, cognitive and moral development, and occupation. She described psychology's view of women's life course as "both highly circumscribed in focus and disabling in its consequences," and examined feminists' social constructionist theory as a competing model. Rather than asking for an "objective truth about women's development," she asked the question, "How can theories of development be constructed to facilitate the expression of feminist values and ideals?" (Gergen, 1990, p.481) Among her recommendations, she asserted that researchers should look at gender in new ways, free from biological concepts of reproduction that are commonly associated with it. Additionally, she stated that an emphasis should be placed on the importance of relationships in women's lives. Finally, echoing Gilligan, Gergen promoted research methodology (i.e., the life narrative) that gave women a greater voice for describing their own development.

Other recent suggestions for research into women's adult development were made by Helson, Pals and Solomon (1997). They pointed to the necessity for longitudinal studies of women across different contexts. Further, in discussing women's adult development, they described various different theories, stating, "It seems likely that no
one point of view is sufficient. Theoretical perspectives are like searchlights that clarify certain areas but throw others into obscurity” (Helson, Pals, and Solomon, 1997, p.292). They concluded, “The answer to the question of an adult development distinctive to women may be imagined as a complex structure of more or less common patterns, forever interpretable from different vantage points” (p.308).
While Erikson’s theory has been the seminal theory of psychosocial development, it is unclear how well it applies to women. As with most theories of the mid-twentieth century, Erikson’s theory was based upon male development as prototypical for all human development. This has been argued to be problematic in terms of understanding women’s development, as women have unique experiences not shared by men. Nonetheless, Erikson’s theory has proven to have empirical validity with a variety of populations and measures. The research on the theory’s application to older women, however, has been limited.

Women’s psychosocial development in early adulthood and at midlife has been studied in depth in the past few decades, in part to determine the applicability of Erikson’s theory to women. Alternate theories have been proposed regarding women’s development, focusing on relationships and individuation as themes guiding women’s growth.

As women in particular continue to live longer lives, it is important that we understand the course of their development through late life. Erikson revised his theory well into his later years, as his understanding of the demands of late life became enhanced through his personal experience. The field continues to change as we have more individuals living longer lives. However there has not been agreement regarding a
particular model of psychosocial development for older women, and there have been very few empirical studies investigating the possibilities. The present study will contribute to our understanding of changes in women's psychosocial development using a measure based on Erikson's theory. Both longitudinal and cross-sectional aspects will be included in this study in order to expand our knowledge of development over time.

In response to the limited literature focusing on older women's psychosocial development, Norman, McCluskey-Fawcett, and Ashcraft (2002) applied Erikson's theory to women in later life. Two cohorts of women, young-old (aged 60 to 70) and old-old (80 to 90) were given a quantitative measure of Erikson's developmental stages, the Measures of Psychosocial Development (MPD) (Hawley 1980). The authors found that there were many developmental similarities between the two cohorts. However, the 60-year-old group scored significantly higher on the identity and trust resolution subscales and the total resolution summary scale indicating that they identified with the positive aspects of the stages including trust, identity, and a sense of accomplishment overall. The 80-year-old group had a more negative view of themselves infused with feelings of identity confusion and mistrust. The researchers concluded that the loss of relationships, physical, and social losses of later life might result in diminished trust and increased diffusion of identity. They suggested future research follow women from their 60's to their 80's to get a broader sense of developmental changes and determine if cohort differences affect women's resolution of developmental stages.

The present study will be a 10-year follow up with the women studied in Norman et al. (2002). The proposed study is comprised of two parts. First, a within-subjects comparison will be made using the previous and current MPD results of the surviving
members of the original study, women now in their 70s and 90s. As these women have aged ten years, changes in their psychosocial development may have taken place. Second, a between-age group comparison on the same measure will be made for the 70-year-old group of women and a group of 90-year-old women comprised of the eight surviving 90-year-old women from the original sample, plus twelve additional newly recruited women in this age group to ensure equal sample sizes. The null hypotheses to be tested in this study include:

H1: There will be no significant within-subject differences between the 70-year-old group members at present and the same women ten years ago on any of the eight MPD resolution subscales or the three overall summary scales (total across the positive subscales, total across the negative subscales, and overall resolution across the 8 subscales).

H2: There will be no significant within-subject differences between the 90-year-old group members at present and the same women ten years ago on any of the eight MPD resolution subscales or the three overall summary scales (total across the positive subscales, total across the negative subscales, and overall resolution across the 8 subscales).

H3: There will be no significant between-age-group differences for the 70-year-old group and the 90-year-old group presently on any of the eight MPD resolution subscales or the three overall resolution scales.
Chapter III

Method

Participants

The original sample of participants was comprised of volunteers recruited from a Midwestern college town, and the surrounding rural area. Data from forty-one subjects were used in the initial study conducted in 1991. At that time, half of the participants were between 60 to 70 years old, and half of the participants were 80 to 90 years old. All of the original participants were contacted as part of a larger study that included semi-structured qualitative oral interviews in addition to standardized measures focusing on women's development in late life. In 2001, attempts were made to locate and recruit all members of the original sample for a 10-year longitudinal follow up. Of the original sample, 10 women were deceased (one member of the 60-year-old group and nine subjects from the 80-year-old group). In addition, two women of the surviving 80-year-olds are living in a nursing home diagnosed with Alzheimer's disease, and one subject had moved from the area and could not be located.

All 28 remaining members of the original sample agreed to participate in the 10-year longitudinal follow-up study (20 women who are now 70 to 80-years-old and 8 women, 90 to 100-years-old). Because of attrition in the 90-year-old group, twelve additional subjects in their 90's were recruited. All women were screened for cognitive impairment prior to their involvement in the study. Screening was based on both the
investigator’s clinical judgment and the subjective health report given by the women themselves. There will be 40 subjects in the current study with equal numbers of women in the 70 and 90-year-old age groups. The participants will all be native English speakers and Caucasian. Their education will range from grade school through graduate school degrees. Subjects will live independently in their own homes, or in retirement centers. Participation will be voluntary, and those choosing to be in the study will receive $20 remuneration for their time.

A power analysis based on Cohen’s (2003) power tables was conducted to determine the necessary sample size to detect a large difference between the groups in this study. The effect size was derived from the original effect size of the Norman et al. (2002) study. The average of the F values of the three resolution subscales ($F = 3.20, 3.60, \text{ and } 4.81$) was calculated to be 3.87, the effect size used here. Based on this large effect size, an estimated power of .80, an alpha level of .05, data will need to be collected from a total of 26 individuals per group in the 2x2 split-plot analysis of variance (see Proposed Analyses section).

Measure

In both the original and current study, the Measures of Psychosocial Development (MPD) (Hawley, 1980) will be used. The MPD is comprised of 112 questions equally divided across 16 subscales. Each of these subscales pertains to a specific positive or negative attribute of one of Erikson’s eight stages. For example, “Generally trust most people,” and “keep my feelings to myself” are items on the trust and mistrust scales respectively. Responses are quantified using a 5-Point Likert-type scale, with scores ranging from 0 (not at all like me) to 4 (very much like me). The MPD is traditionally
administered with separate questionnaire and computer-scored answer sheets. In order to facilitate comprehensibility and alleviate some fatigue in responding, the questions and responses were combined on one form, and typed in 14-point font for easier readability. Subjects will circle their responses directly underneath each item.

Resolution of each scale will be calculated by subtracting the raw score for each negative scale from the raw score of its corresponding positive scale. For example, the initiative scale raw score minus the guilt raw score yields the total resolution score for the third developmental stage. The eight positive scales (trust, autonomy, initiative, industry, identity, intimacy, generativity, and integrity) will then be summed to obtain a total Positive Summary Scale. The same calculation will be done for the negative subscales (mistrust, shame, guilt, inferiority, isolation, stagnation, and despair) and the eight resolution summary scales.

Hawley reported test-retest reliability coefficients of .67 to .89 for the 16 scales of the MPD. Internal consistency was also calculated for the 16 scales. Coefficient alpha values on this measure range from .65 to .84, which Hawley states are acceptable and support the MPD’s conceptual basis. Construct validity was determined by comparing the MPD to the Inventory of Psychosocial Development and the Self-Description Questionnaire. Strong convergent validity was found between the three measures. Robust discriminate validity was found for the positive scales, while moderate discriminate validity was found for the negative scales. Content validity was examined by five clinicians who were asked to categorize the 112 items onto Erikson’s eight-stage model. Ninety-four out of the 112 items (83.9%) were agreed upon. (Hawley, 1980)
The MPD was chosen in order to be consistent with the previous study. The MPD quantifies Erikson's developmental stages, which allows the resolution of those stages to be studied both across time and across subjects. The MPD provides separate measures of the positive and negative aspects of each of the eight stages, as well as three summary scales: total across the eight positive subscales, total across the eight negative subscales, and total across the eight resolution scales. Normative data for the MPD was obtained from a sample up to age 86, with separate interpretive data for men and women across various age ranges. Other measures have been developed based upon Erikson's stages, including the Inventory of Psychosocial Balance, Psychosocial Development Scale, and the Modified Erikson Psychosocial Stage Inventory (Leidy and Darling-Fisher, 1995; Domino and Affonso, 1990; Baldo, Harris, and Crandall, 1975). The Inventory of Psychosocial Balance has been used with older adults, normed to age 88 (Domino and Affonso, 1990). The Modified Erikson Psychosocial Stage Inventory has been normed up to age 86 using a convenience sample (Leidy and Darling-Fisher, 1995). None of the above has been normed on people over 90.

Procedure

Participants from the original study were recruited by letter in the spring of 2001. They were informed of the nature and outcome of the previous study, and asked to volunteer for the 10-year follow-up research. A postcard was provided for them to indicate their acceptance or refusal to be contacted by phone to participate in the 10-year follow-up. All 28 surviving and able subjects agreed to be interviewed and were contacted by phone to schedule their interview. Follow-up interviews were conducted during the late spring and summer of 2001. Data was collected at the participants’
residences by the experimenters. Subjects were given $20 at the beginning of the interview, whether or not they chose to complete the data collection.

Additional subjects for the 90-year-old group were recruited by the experimenters via community referrals. Demographic data similar to that collected in the original study was gathered from these additional subjects. All other procedures were the same for original and additional subjects.

First, all subjects were asked to sign an informed consent form (see Appendix A) indicating their willingness to participate in the study. A demographic questionnaire was completed to update information on the subjects and to collect information from new subjects commensurate with that collected from the original subjects (see Appendix B). Next subjects completed a semi-structured oral interview following questions they received by mail in advance, as part of a larger study (see Appendix C). The interview data will not be included as part of this dissertation project. Finally, subjects completed the MPD. The standardized guidelines for the measure were followed, except that the experimenter administered the measure orally to those with weaker eyesight. This is an acceptable variation of self-report measures with older adults and has not been shown to significantly alter the findings, provided that font is no larger than 14-pt (Storandt and VandenBos, 1994). All subjects were treated according to the guidelines set forth by the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct (1992). This project was approved by the Xavier University Institutional Review Board (see Appendix D).
Chapter IV

Proposed Analyses

Initial analyses will be conducted on the demographic variables that could confound the similarity between the two age groups. Univariate analysis of variance (ANOVA) will be used to compare age groups on educational level and number of children. A chi-square analysis examine differences in marital status between 70 and 90-year-old groups. Significant between-group differences in demographics will be controlled for on subsequent statistical analyses.

Resolution scores for the eight subscales and three summary scales will be calculated for each woman individually, following the standard scoring procedure outlined in the MPD manual. Individual raw scores will be converted to T-scores (M=50, SD=10) according to the non-linear transformation described in the manual. This will be done to make the scales symmetrical by normalizing the skewed distribution of raw scores on certain subscales.

A 2x2 split-plot ANOVA design will be used to analyze the data and address all three hypotheses. This design is comprised of two independent variables (age group and time of measurement), and one dependent variable (MPD scores). Analysis will potentially yield a main effect for age group, a main effect for time of measurement, and an interaction effect for age and time of measurement. Finally, an analysis of unique means will be implemented to adjust for unequal cell size.
References


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APPENDIX A

Late-Life Development of Older Women

Department of Psychology, Xavier University

Cincinnati, Ohio 45207

Consent Statement

The Department of Psychology supports the practice of protection for human subjects participating in research. The following information is provided so that you can decide whether you wish to participate in the present study. You should be aware that even if you agree to participate you are free to discontinue your participation at any time.

We are interested in patterns of adult development, particularly in later years. Some basic demographic information, including your health status and your marital status will be collected. Then you will be asked to respond orally to some questions about what has happened to you since the last study 10 years ago. This oral interview will be audio taped and will take approximately 60 minutes. Finally, you will be given one brief questionnaire asking about how you view yourself. The questionnaire should take about 20 minutes.

This research is being conducted by an Assistant Professor and a graduate student in the Psychology Department at Xavier University. Your participation is solicited but strictly voluntary. Do not hesitate to ask any questions about this study. You should be able to easily answer the questions asked in the interview and on the questionnaire.
The only possible risks associated with this investigation are boredom or fatigue. If you get tired during the session, you should ask to take a break or that we continue another day.

Although we will record each interview, the tapes and all transcripts of those tapes will be kept strictly confidential in a locked filing cabinet, accessible only to the investigators and their assistants. Your name will not be associated in any way with the study. You may agree to participate yet you can also decline to continue at any time. You may keep a copy of this form for your own reference if you wish. At the conclusion of the study, we will send you a short summary of our results.

We appreciate your cooperation very much.

Suzanne Norman, Ph.D. Lisa Ashcraft Sterling, M.A.
Assistant Professor, Psychology Michelle Mlinac, M.A.
(513) 745-3249 Doctoral graduate students, Psychology

______________________________________________________________
Signature of person agreeing to participate, date

______________________________________________________________
Signature of interviewer, date
APPENDIX B

Demographics

Participant’s name: ID:

Interviewer:

1. How old are you currently?


3. Where and with whom are you currently living?

4. Approximate income currently (circle one):
   - below 20,000
   - 20-40,000
   - 40-60,000
   - 60-80,000
   - 80-100,000
   - 100,000+

5. Has your marital status changed in the past 10 years? (If new husband, what is his age and occupation?)

6. Have you had any significant losses in the past 10 years? Describe.

7. Do you have any close friends? Are your friends an important source of emotional support for you?

8. What are your main activities and responsibilities at this point in your life?

9. Would you allow us to contact you in the future for further follow-up? ________
   Please provide the names, addresses, and phone numbers of two people who will know how to contact you.
Hello and thank you again for agreeing to participate in our research study focusing on older women's adult development. We look forward to meeting with you on: ________________________________.

The interview will take about 90 minutes and include one paper and pencil measure and the following questions:

1. What things have had a major impact on your life in the past 10 years?
2. Has your life changed in any major ways in the past 10 years?
   If it has, how are you different now?
   What do you think may have brought these changes about?
3. How do you feel about this period of your life?
   Do you feel especially settled during the present phase of your life? To what do you attribute this feeling? Is there turmoil associated with the present period of your life?
4. How old do you think of yourself as being?

If you have any questions, please contact Michelle Mlinac at (513) 321-5164.
We look forward to seeing you soon.

Cordially,

Lisa Ashcraft Sterling, M.A.  Michelle Mlinac, M.A.
June 29, 2001

Lisa Ashcraft Sterling, M.A.
C/O Dr. Suzanne Norman
ML 6511

Dear Ms. Sterling,

Thank you for sending the original consent form. The statement "Your name will not be associated in any way with the study" I take to mean "your name will not be published" rather than anonymity. Thus your re-contact does not break a past promise.

The Xavier University IRB approves your study #0148-3, *Late Life Development of Older Women*, and wishes you success in your work.

Enclosed, please find the Final/Status Report that must be filled out and returned to this office upon completion of the study or one year from this date, whichever comes first. As always, if there are adverse effects or modifications to the research, please notify the IRB immediately.

Sincerely,

Robert C. Baumiller, S.J.
IRB Chair and Administrator

RCB:km

Enc: Final / Status Report
Chapter V: Dissertation

Abstract

This study investigated the course of psychosocial development for women in late life. The Measures of Psychosocial Development, an empirical measure of Erikson’s theory, was used in a 10-year longitudinal study to explore the developmental challenges and strengths of older Caucasian women. Two separate cohorts of women (half in their 70s and half in their 90s) were included. Results indicate that as these two cohorts of women have aged, they have experienced a decrease in overall positive resolution of the eight Eriksonian stages, with significant changes in initiative and generativity across the 10-year period. These findings are considered in light of age group differences for this sample 10 years prior. The impact of widowhood is discussed. Results suggest the salient psychosocial issues for women in late life.
Women’s Psychosocial Development in Later Life:
What Changes, What Remains the Same?

“The great thing about getting older is that you don’t lose all the other ages you’ve been.”
- Madeleine L’Engle

Psychologists have studied lifespan psychosocial development in depth for several decades. Beginning with Erik Erikson, psychologists started to examine the ways an individual interacts with his or her environment and how the two influence each other throughout the life span. Erikson’s notion of psychosocial development encompassed eight stages that an individual passes through consecutively across the life span. Each stage was marked by a tension between opposing elements, a syntonic and a dystonic element. The individual’s task at each stage was to resolve the tension in accordance with both society’s pressures and the unique needs of the individual (Schroots, 1996). Erikson saw society as the “context” for understanding human development (Weiland, 1993).

Erikson’s “eight ages of man” is a notable model of development because it was one of the first to view psychosocial development as a life-long process (Erikson, 1997). In contrast to earlier theories, Erikson recognized the capacity for human beings to grow and change throughout their entire lives. According to Joan Erikson, resolving each stage, thereby attaining all virtues, are “lifelong developing processes,” (1997). As individuals age, they become progressively more concerned with the world around them. Erikson called this “re-experiencing,” or resolving earlier conflicts based on one’s current developmental level and environmental demands. Thus as we grow, we are constantly revising our experiences; our attained virtues are in flux as well.
As Erikson himself aged, he became interested in how the eight stages played out in the experiences of older individuals. Erikson initially anticipated that in old age, as at other points in life, individuals reexperienced earlier developmental concerns, and some of the previously acquired traits undergo "disdevelopment", wherein things became unresolved (Erikson, 1986). For example, the identity vs. role confusion stage may be resolved by career choice. However, retirement may upset the balance, thrusting one back into role confusion once again.

Erikson later expanded on the challenges faced in late life, and recognized the need for a ninth stage. He saw the period of time from the late eighties through the nineties as a period bringing "new demands, reevaluations, and daily difficulties" (Erikson, 1997). This stage did not call for a new crisis, but Erik and Joan Erikson explored the prior stages in light of the strain of old age: loss of mobility, frailty, and imminent end of life. Because the Eriksons conceptualized old age as a potentially challenging time, they emphasized the negative (dystonic) aspect of each stage as it is reexperienced in old age, in what they call the "ninth stage." When confronting arguably the most significant crisis of all, the loss of one's body, the imminence of death is often accompanied by despair. Other dystonic elements come to the forefront, while hope and trust, according to Erikson, are no longer as steady as they once were. The environment puts unique demands on elderly individuals, which may lead to new tension in the developmental tasks. The dystonic elements of each stage can be particularly salient at the end of life. At the same time, the Eriksons stressed that as we age, the gained strengths of each stage ultimately help us deal with the end of life (Erikson, 1997). Strengths and virtues aid individuals as they face the challenge of death. Erikson was
hopeful, saying, "I am persuaded that if elders can come to terms with the dystonic elements in their life experiences in the ninth stage, they may successfully make headway on the path leading to gerotranscendence" (Erikson, 1997, p.114.)

Joan Erikson described the concept of gerotranscendence in her update of The Life Cycle Completed (1997), which she wrote at the age of 93. As an individual reaches the end of life, he or she has to face physical deterioration of the body and become more meta-physical in perspective. She describes the experience of this individual as more connected with the "spirit of the universe": more focused on the immediate present, having a narrower physical universe as mobility decreases, accepting of death as a natural part of life, and connection communally to others. As the task in the ninth stage is attaining transcendence, older adults dealing with this task must decrease their responsibilities in order to focus on it. Joan Erikson states that the syntonic and dystonic elements from earlier in life are present on the journey towards transcendence, and the tension between those elements is the "very root of success" (1997). The challenge presented by the opposing elements leads to personal growth and resolve, as one prepares for the end of life.

Sorell and Montgomery (2001) reviewed literature criticizing Erikson and other "grand theorists" as being products of their time, basing their theories solely on Caucasian male development as the prototype for all human development. They questioned whether Erikson's theory can be useful to women, but concluded it may still serve as a general outline for psychosocial development.

Erikson's stage theory has been criticized as potentially "rigid and deterministic" (Weiland, 1993). Melia proposed a model of development based upon the theme of
continuity in the individual’s sense of self (Melia, 1999). Rather than specific crises arising in sequence, developmental continuity involves evaluating one’s self across time. Melia (1999) studied continuity in a sample of nuns, ranging in age from 68 to 98. Using life stories, Melia found support for continuity in the themes of faith, family, education, friends, community, and service that emerged in the stories. Ego integrity, as Erikson defined it, existed in the majority of the sample but needed to be “continually reestablished for successful aging” (Erikson, 1997). Generativity was another theme that was evident across the life span, not simply emerging in middle adulthood.

In her pioneering book on women’s moral and personality development, Carol Gilligan cited various sources of evidence that psychological theory has been challenged by women’s issues (Gilligan, 1982). Among others like Freud and Piaget, Erikson’s theory is reconsidered by Gilligan in terms of its application to women. While she notes that Erikson recognized sex differences, she also believed that he had not adequately addressed women’s development. Furthermore, Gilligan argues, “when women do not conform to the standards of psychological expectation, the conclusion has generally been that something is wrong with the women” (Gilligan, 1982, p.14). Her call to study the uniqueness of women’s development has begun to be addressed, though recent research has focused on groups of younger women (Stewart, Ostrove, and Helson, 2001; Helson, Pals, and Solomon, 1997; Canneto, Kaminski, and DeFelicio, 1995; Harris, Ellicott, and Holmes, 1986; Evans, 1985; Reinke, Ellicott, Harris, and Hancock, 1985).

While Erikson’s theory has been the seminal theory of psychosocial development, it is unclear how well it applies to women. As with most theories of the mid-twentieth century, Erikson’s theory was based upon male development as the prototypical model.
for all human development. This has been argued to be problematic in terms of understanding women's development, as women have unique experiences not shared by men. Nonetheless, Erikson's theory has proven to have empirical validity with a variety of populations and measures. The research on the theory's application to older women, however, has been limited. Women's psychosocial development in early adulthood and at midlife has been studied in depth in the past few decades, in part to determine the applicability of Erikson's theory to women. Alternate theories have been proposed regarding women's development, focusing on relationships and individuation as themes guiding women's growth (Melia, 1999; Giesbrecht, 1998; Freed, 1984).

In our society, age has a unique meaning for women (Hurd, 1999). Older women have changing roles as caregivers, spouses, and widows. They must contend with the messages from society about their physical attractiveness and desirability in later life. In terms of gender, women have unique developmental experiences that need to be further explored systematically. As women in particular continue to live longer lives, it is important that we understand the course of their development through late life. However, very few empirical studies have investigated this issue.

In response to the limited literature focusing on older women's psychosocial development, Norman, McCluskey-Fawcett, and Ashcraft (2002) applied Erikson's theory to women in later life. Two cohorts of women, young-old (aged 60 to 70) and old-old (80 to 90) were given a quantitative measure of Erikson's developmental stages, the Measures of Psychosocial Development (MPD) (Hawley 1980). The authors found that there were many developmental similarities between the two cohorts. However, the 60-year-old group showed greater resolution of identity and trust issues and appeared to be
more positive in their overall resolution of Erikson's eight stages. The 80-year-old group had a more negative view of themselves infused with feelings of identity confusion and mistrust. The researchers concluded that the interpersonal, physical, and social losses of later life might result in diminished trust and diffusion of identity. They suggested future longitudinal research follow women from their 60’s to their 80’s to get a broader sense of developmental changes and determine if cohort differences affect women’s resolution of developmental stages.

The present study was a 10-year follow up with the women studied in Norman et al. (2002). It incorporated both within and between-subject comparisons to examine how these individuals are changing with time, as well as age group differences in the psychosocial experience of 70- and 90-year-olds.

Methods

Participants

The original sample of participants was comprised of volunteers recruited from a Midwestern college town and the surrounding rural area. Data from forty-one subjects were used in the initial study conducted in 1991. At that time, half of the participants were 60 to 70-years-old and the other half were 80 to 90-years-old. All of the original participants were contacted as part of a larger study. This study included semi-structured qualitative oral interviews in addition to standardized measures focusing on women’s development in late life. In 2001, attempts were made to locate and recruit all members of the original sample for a 10-year longitudinal follow up. Of the original sample, 10 women were deceased (one member of the 60-year-old group and nine subjects from the 80-year-old group). In addition, two women of the surviving 80-year-olds were living in
a nursing home with Alzheimer's disease, and one subject moved from the area and could not be located.

All 28 remaining members of the original sample agreed to participate in the 10-year longitudinal follow-up study (20 women who are now 70 to 80-years-old and 8 women, 90 to 100-years-old). Because of attrition in the 90-year-old group, twelve additional subjects in their 90s were recruited. There were 40 subjects in the current study, with equal numbers of women in the 70 and 90-year-old age groups (mean ages 76.8 and 92.6, respectively). The older group of women was born between 1903 and 1912; the younger group was born between 1920 and 1929. All women were screened for cognitive impairment prior to their involvement in the study. Screening was based on reported cognitive status from collateral sources (family and friends), the investigator's clinical judgment based upon 90-minute individual interviews, and the health history report given by the women themselves. Women with a history of health problems that could impair cognition (stroke, dementia, head injury, etc) were eliminated from the study. The participants were all native English speakers and Caucasian. Their educational level ranged from grade school through graduate school degrees. Subjects lived independently in their own homes or in retirement centers. Overall, these women were well educated and generally in good physical health, relative to their peers. A summary of the demographic variables appear in Tables 1 and 2.

Marital status differences between 1991 and 2001 were analyzed for each group separately. There was a significant change in marital status for the 70-year-old group over time, with an increase in the number of widows, $\chi^2(1, n = 16) = 9.60, p < .01$. No
significant difference was found for the 90-year-old group over time, $\chi^2(1, n = 8) = 1.91, p < .17$.

Possible demographic differences were explored between the 70-year-old and 90-year-old groups. Univariate analysis of variance (ANOVA) revealed no significant differences between the age groups on educational level, $F(1, 38) = .06, p < .81$ or number of children, $F(1, 38) = .21, p < .65$. A chi-square analysis examined differences in marital status. Women who were divorced were excluded from this analysis. A significant difference was found between the two age groups for marital status $\chi^2(1, n = 16) = 4.94, p < .03$. More younger women than older women were married at the time of the present study. This is consistent with findings from the previous Norman et al. (2002) study, in which more members of the younger group than the older group were married (see Table 2).

Differences in demographic variables were examined between the members of the 1991 80-year-old sample who participated in the current study ($n = 8$) and those who were lost due to attrition ($n = 12$). A chi-square analysis found no significant differences between the two groups on marital status $\chi^2(1, n = 20) = 1.91, p < .16$. T-tests compared the two groups on age, education, and number of children. No significant differences were found between the two groups on any of those variables (see Table 3).

MPD differences were examined between the 8 surviving 90-year-olds and the 12 who did not participate due to attrition. Specific MPD scales analyzed were those that were significant (or approached significance) ten years ago, including identity/confusion, trust/mistrust, and the total of the positive, negative, and total resolution summary scales. Independent-samples t-tests were run for the two groups across these five variables. In
this analysis, there were no significant differences between the two 90-year-old groups on any of the MPD variables (see Table 3).

Additionally, demographic variables were compared for the eight members of the current 90-year-old group who had participated in the original study and the twelve who were recruited in 2001. A chi-square analysis examined differences between subjects on marital status, while t-tests examined differences in age, education, and number of children. There were no significant differences found between the two groups on any of these four variables (see Table 4).

Measures

In both the original and current study, the Measures of Psychosocial Development (MPD) (Hawley, 1980) was used. The MPD is comprised of 112 questions equally divided across 16 subscales. Each of these subscales pertains to a specific positive or negative attribute of one of Erikson's eight stages. For example, "Generally trust most people," and "keep my feelings to myself" are items on the trust and mistrust scales respectively. Responses are quantified using a 5-point Likert-type scale, with scores ranging from "0" (not at all like me) to "4" (very much like me). The MPD is traditionally administered with the questionnaire and computer-scored answer sheets on separate forms in 8 pt. font. In order to decrease response errors in shifting between forms, facilitate comprehensibility, and alleviate some fatigue in responding, the questions and responses were combined on one form and printed in 14-point font for ease of reading. Subjects circled their responses directly underneath each item. The original MPD normative sample included older adults and it was used with older adults in previous studies. (Euler, 1992; Norman, et.al., 2002)
Scores for the eight resolution subscales and three summary scales were calculated for each woman individually, following the standard scoring procedure outlined in the MPD manual. Individual raw scores were converted to $T$ scores ($M = 50$, $SD = 10$) according to the non-linear transformation described in the manual. This conversion was performed to make the scales symmetrical by normalizing the skewed distribution of raw scores on certain subscales. Means and standard deviations for the $T$ scores were calculated for the two cohorts tested.

Procedure

Participants from the original study were recruited by letter in the spring of 2001. They were informed of the nature and outcome of the previous study, and asked to volunteer for the 10-year follow-up research project. A postcard was provided for them to indicate their acceptance or refusal to be contacted by phone. All 28 surviving and able subjects agreed to be interviewed and were contacted by phone to schedule their interview. Twelve additional subjects for the 90-year-old group were recruited by the experimenters through community referrals. Potential participants were sent a letter describing the nature of the study. The additional subjects were simply called one week after receiving the letter to see if they were willing to participate. A confirmation letter was mailed to all of the participants prior to the interview. Follow-up interviews were conducted during the late spring and summer of 2001. Data was collected individually at the participant’s residence by one of three researchers, a clinical geropsychologist and two clinical psychology doctoral students who were trained to follow a similar interview style and were supervised by the same geropsychologist. Subjects were told that
participation in the study was voluntary, and those choosing to be in the study received $20 remuneration for their time.

First, the nature of the study was explained and subjects completed the informed consent. A demographic questionnaire was completed to update information on the longitudinal subjects and to collect commensurate information from new subjects. Next, qualitative data was collected via a semi-structured oral interview as part of a larger study. The interview data will not be included as part of this dissertation project. Finally, subjects completed the MPD. The standardized guidelines for the measure were followed, except that the experimenter administered the measure orally to those with weaker eyesight. This is an acceptable variation of self-report measures with older adults and has not been shown to significantly alter the findings (Storandt and VandenBos, 1994). All subjects were treated according to the guidelines set forth by the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct (1992). This project was approved by the Xavier University Institutional Review Board.

Statistical Analyses

Descriptive statistics on the demographic characteristics of the samples and statistical analyses of the MPD data were conducted using SPSS. A split-plot analysis of variance was used to examine possible within-subject and between-subject differences for the two age groups in this study (Pallant, 2001; Keppel, 1991). A qualitative item analysis was conducted on significant MPD scales in order to better describe the findings.

Results

A 2x2 split-plot ANOVA design was used to analyze the data. This design is comprised of two independent variables (age group and time of measurement), and one
dependent variable (MPD resolution subscale and summary scale \( T \) scores). The interaction between age and time of measurement (TOM) was also investigated as a third independent variable that could have affected the MPD scores. The possible effects of age group, time of measurement, and their interaction on each of the eight MPD resolution subscales and three overall summary scales were identified using the analysis of variance. Unequal cell size was adjusted for by coding missing data, namely 1991 data from the 12 newly recruited 90-year-olds, and excluding it from the analyses. In multivariate analyses, no interaction effects were found between age and TOM, \( F(1, 26) = .832, \ p = .61 \). Thus, the results focused on the main effects of age group and time of measurement. The time of measurement main effect was used to address the first two hypotheses. The age group main effect was selected to test the third hypothesis.

To address the first two hypotheses, namely that there would be no significant within-subject differences over 10 years on the eight MPD resolution subscales and the three overall summary scales for the 70- and 90-year-old groups respectively, the main effect of TOM on MPD scores was evaluated. In multivariate analyses, a main effect was found for TOM across the 11 scales, \( F(1, 26) = 3.87, \ p < .01 \). The univariate analyses indicate significant TOM differences for initiative/guilt, \( F(1, 26) = 4.97, \ p < .04 \), generativity/stagnation, \( F(1, 26) = 11.62, \ p < .00 \), and the total positive resolution scales \( F(1, 26) = 4.29, \ p < .05 \). Means and standard deviations for MPD subscales by age group appear in Table 5. Results of multivariate and univariate analyses appear in Table 7.

Trends in means were examined for the initiative/guilt subscale, the generativity/stagnation subscale, and the total positive resolution scale. Both the 70- and 90-year-old subjects showed a decreased resolution in all three areas over time. Subjects
displayed a decreased resolution in the generativity/stagnation subscale, with the older women evidencing a greater change. Both age groups demonstrated a decrease in their overall positive resolution; here, the younger group of women showed a greater shift over the ten-year period.

A qualitative item analysis of the two significant subscales (initiative/guilt and generativity/stagnation) further illustrated the changes that took place in this group of 28 women over time. Analysis of the items on the initiative/guilt subscale revealed some variation in the women’s resolve. The women were collectively less likely to describe themselves as people who “seek out new projects and undertakings” or “like to get things started.” Instead, a more conservative approach to meeting life’s demands appears to fit with these women. They endorsed items such as, “stick to the tried and tested”, and “insist on setting goals and plan things in advance” to describe themselves currently. Hawley describes the two polarities of the initiative/guilt subscale. Those scoring high on this scale “have a strong sense of purpose and a clear vision of what they want in life.” They are characterized by “honest ambition,” “adventuresomeness,” and a “tireless ‘go-getting’ quality.” Alternately, low scorers have a “constant fear of making mistakes, being weak or inadequate” (Hawley, 1980, p.9). Erikson describes the reexperiencing of this stage in late life as “the sense of purpose and enthusiasm are dulled; there is plenty to do in just keeping up with a slow, constant demanding pace” (Erikson, 1997, p.108). The sense of purpose these women have felt appears to have declined over this 10-year period.

Analysis of the items on the generativity/stagnation subscale indicated that the younger women were less likely to describe themselves as “doing my part to build a
better world,” “trying to contribute something worthwhile,” and “finding new avenues of self-fulfillment.” The older women responded to these items in terms similar to the younger women. In addition, the 90-year-olds were more likely to see themselves as “uninvolved in life” and “self-absorbed, self-indulgent,” than ten years ago. According to Hawley, high scorers on the generativity subscale became “involved with conditions beyond their own development and immediate family” and “show active involvement in improving the world.” Low scorers on this scale are characterized by a more “passive existence.” “Their failure to give energy toward creating better conditions results in self-absorption and self-indulgence” (Hawley, 1980, p.10). Erikson stated that towards the end of the generativity/stagnation period (mid-late life) “one may feel the urge to withdraw somewhat,” due to a loss of energy and decreased role expectation. “This releases elders from the assignment of caretaking,” but may result in a feeling of uselessness (Erikson, 1997, p.110). As conflict in this area increases, there is a decreased sense of care.

Hypothesis 3, which proposed that there would be no significant between-age-group differences for the present 70 and 90-year-olds on any of the MPD resolution subscales and summary scales, was supported. The main effect for age in the split-plot analysis was not significant, $F(1, 38) = .697, p = .72$. Age group comparisons for the MPD scales appear in Table 6.

Discussion

The present study examined changes in older women’s psychosocial development for two cohorts over time. Both longitudinal and cross-sectional comparisons were
included. The following discussion will speak to the implications of this research, address limitations, and propose future directions for inquiry.

Over the course of ten years, the women in this study showed disdevelopment on the Eriksonian stages of initiative and generativity. Their overall positive resolution summary score also decreased. These two groups of women, showing some distinctiveness ten years ago, now show similar movement in their psychosocial development. Trends in means indicate that changes in the younger women provide the main impetus for the differences over time. With their decreases in positive resolution, initiative, and generativity, they have become more like the older group of women. Many of these changes may be attributed to life context variables that are gender-related, including widowhood, role expectation, economic means, and social support (Smith and Baltes, 1998).

These results can be considered in light of the demographic differences in marital status over time. Loss of a spouse or partner has been described as the “most stressful normative event” (Lomranz, 1990). A majority of the older group of women were widowed at the time of the previous study, so they have had time to adapt to widowhood. Conversely, more younger women have been widowed since they were interviewed in 1991. A possible reason for the changes seen may be linked to adaptation to widowhood over time. Research into patterns of widowhood indicates a complex pattern of coping (Bennett, 1996). An initial period of depression is followed by an increase in well-being that plateaus but typically does not return to pre-widowhood levels (Wilcox, et al., 2003). Widows have described this period as “a time of transition and change” (Feldman, Byles, and Beaumont, 2000).
The decrease in positive resolution indicates that these women are less likely to identify with the positive traits of Erikson’s theory. Erikson hypothesized that the negative elements of each stage become more salient at the end of life. Our data suggests that the positive elements of some stages have become less salient for this sample, while the negative elements have remained relatively stable over time. Women’s self-perceptions may have changed as they have adapted to late-life, or more specifically, to widowhood. While their psychosocial needs have remained the same over the past ten years, they may have had to meet those needs in novel ways. Through this adjustment, they may have grown distant from the positive aspects of their personalities. Other studies of widowhood have suggested that it never loses its potency, though women can adapt to the immediate loss of their spouses (Feldman, et.al., 2000).

According to Erikson, the decrease in initiative over time indicates that aging for these women is associated with feelings of inadequacy (Erikson, 1997). They appear to be taking a more thoughtful, planned approach to projects, reluctant to take on more than they believe they can handle. Initiative is an independent task, one that would seem to be more resistant to widowhood (Sorrell and Montgomery, 2001). The loss of a spouse can upset a women’s sense of independence (Freed, 1984). The challenges of increased responsibility coupled with grief can leave widows feeling overwhelmed and helpless, at least initially, in their widowhood (Feldman, et.al, 2000). Poor health or decline in functionality may also play into a decreased sense of initiative. Women who face increasing health problems may be take a more conservative approach to life to minimize risks to their health and well-being.
A decrease in generativity can be seen as a withdrawal from society or a shying away from responsibility (Bradley, 1997). While generativity comes to the forefront in midlife (Peterson and Klohnen, 1995), these results suggest that its importance diminishes over time. Increased time away from career and child rearing is associated with a diminished investment in the world. Women's generativity can be strongly seen in their relationships with others (Sorrell and Montgomery, 2001). The loss of a significant relationship, such as a spouse, can hamper a woman's ability and desire to invest in relationships with other people (Bennett, 1996). As many of these women have entered widowhood within the past 10 years, this particular loss may be contributing to a greater focus on self versus the outside world. This may be consistent with the disengagement theory of old age: when faced with losses of late life, older people withdraw rather than finding alternative roles for themselves (Schroots, 1996).

Surprisingly, there were no significant differences in the present groups of 70 and 90-year-old women. This indicates that these two cohorts of women are more similar to each other overall than they were ten years ago. As these cohorts are reaching later stages of life, they are more developmentally comparable, which suggests overall convergence in women's late life development. Evidence of developmental convergence has also been suggested by other studies (Carmel and Bernstein, 2003).

The increased conflict that was seen in several areas of these women's development may indicate that, as Erikson described, they are actively coming to terms with the dystonic elements in their development (Erikson, 1997). Differences in trust, identity, and overall resolution seen between the two groups ten years ago are no longer present. Trends in means suggest that these issues have become resolved in the older
women. As the end of life approaches, fluctuations in developmental resolve may mean these women are working towards Erikson's concept of gerotranscendence. They may be undergoing “a shift in meta-perspective, from a materialistic and rational vision to a more cosmic and transcendent one” (Erikson, 1997.) A withdrawal from the daily activities of life may indicate a readiness to move into the spiritual world. This struggle can ultimately result in personal growth and indicate a readiness to move out of this life peacefully.

Overall, this sample of women displayed more continuity than changes in psychosocial development over the past ten years. However, conflicts emerged which can be interpreted as being particularly salient to women’s experience of late life. Previous research has concluded that late life is marked by the interaction of multiple psychosocial stressors or conflicts (Kling, Seltzer and Ryff, 1997). Loss of relationships, role status, and physical functioning may contribute to these conflicts. Bereavement and widowhood are accompanied by financial stress, decreased social status, and a sense of dependence (Hannson & Carpenter, 1990). Stress and coping can be compromised by both the primary loss of a partner, and the secondary losses that accompany widowhood. Other studies of psychosocial development and of late life have found a complex interaction between gender and marital status, commensurate with the results found here (Wilcox, et. al., 2003; Smith and Baltes, 1998; Talbott, 1998; Garbarino, Gaa, Swank, McPherson, and Gratch, 1995). For women, the losses of late life can be further compounded by societal constraints on reestablishing their independence (Hannson & Carpenter, 1990).

The women in this study are showing both developmental stability and developmental change over time. Both the younger and older groups of women are dealing with similar developmental challenges at two different points in their lifespan.
These developmental challenges, rather than being age-dependent, may instead be themes that play out for women across time. Melia (1999) suggested that rather than dealing with psychosocial issues sequentially, women might deal with salient issues continually over time. Future research should further address the stepwise vs. continuous development debate. Presently, neither the current literature nor the results of this study provide conclusive evidence for either type of development.

A further line of research into women’s development would inquire about these women’s expectations of aging. Those expectations about what aging is would seemingly shape women’s experiences of late life. Women may base their understanding of aging on those women who have come before them. This speaks to the importance of role models, positive examples of aging for women. Overall, these women have lived longer than their mothers and grandmothers lived. Thus, they may have had few older women to look up to as models of successful aging. These women may be venturing into decades of life they did not expect to see, particularly for the 90-year-old women. A sense of uncertainty about what late life brings may be influencing the results of this study. It is therefore important to understand these women’s unique experience in order to provide valuable information for future generations of women.

While conceptualizing these results in the context of Erikson’s theory, it is important to recognize where that theory may be limited in describing women’s development. In a review of Erikson’s unpublished papers, Hoare (2002) identified two primary faults regarding women’s place in Erikson’s theory. “First, he of all people did not see the extent to which women’s behavior reflects the social context that either excludes, allows, or encourages their full participation in vocational and related roles.
Erikson lauded male-normed autonomy in identity to the exclusion of the relational in identity” (Hoare, 2002, p.221). The apparent reluctance of the women in this study to initiate projects and give back to the next generation may in fact reflect that they pursue these goals differently than men.

Erikson's theory was based on male-normed development, and this is reflected in the male-centric nature of the questions on the MPD. Items loading on the generativity and initiative scales are often “action-focused” rather than “relational-focused”. For example, “seek out new projects and undertakings” and “doing my part to build a better world” are items that are oriented towards achievement. It is possible that women work towards initiative and generativity by establishing relationships with others, rather than seeking out new tasks. Late-life in particular may be a time when women are disengaging from male-normed development. In part, this may be society-based, as older women (and widows in particular) may find limitations to maintaining active independence. They face fewer self-fulfillment options than older men or younger women face. Limited financial means, mobility issues, and diminished social support are some of the factors that may be detrimental to women’s coping with late life.

A second fault identified by Hoare is that “although [Erikson] nodded in the direction of gender distinctions, he did not portray equality in those differences, nor did he see that there might just be two very different, but equal developmental pathways” (Hoare, 2002, p.221). Hoare calls Erikson’s theory “oversimplified,” placing women “in a position of dependence on men and accommodation to a male developmental pathway that is not their own.” Dependency can be a highly significant issue for women who are adapting to the losses of late life. Women cope with dependency issues by initiating or
enhancing important relationships to build social support (Hannson & Carpenter, 1990). However, adaptations like these have gone relatively unrecognized in Erikson's theory. Thus, it may not sufficiently describe the developmental challenges of late life for women.

This suggests that the results of this study should be conceptualized in a more optimistic way than Erikson's theory would suggest. Rather than looking at decreases in initiative and generativity as negative indicators of psychosocial development, they may simply be indicative of inherent gender differences in how women and men relate to the world. A drop in initiative could mean that the women have come to accept some physical limitations that have come from aging. Lessened generativity in Erikson terms may instead reflect a greater focus on caring for oneself following physical or financial declines. Additionally, Erikson's constructs of initiative and generativity describe actions focused broadly on community and society. Women traditionally have had less influence at the institutional level. Older women's expressions of these constructs may be focused on more intimate, personal relationships, such as those with children, grandchildren, or neighbors.

A review of feminist gerontology suggested that research into late-life gender issues should "identify the sociocultural, historical, and political forces that shape aging among diverse groups...and seek opportunities for solidarity within and across genders," (Hooyman, et. al, 2002, p.6). More specifically, feminist gerontologists seek to understand and give voice to underserved and oppressed groups. This study attempted to identify developmental issues for older women, a group that has traditionally been understudied in the literature. Issues specific to women's development (i.e. widowhood)
have been identified in order to more holistically understand how gender may influence late life.

These findings begin to identify how women's psychosocial development changes over the course of late life. They also help clarify the usefulness of Erikson's psychosocial theory of development with regard to older women. His eight stage conflicts address some of the issues women face in late life. These include a willingness to keep up with life's demands, to maintain or establish new roles, and to find a sense of purpose in life. However, issues such as adaptation to loss or the value of relationships are left partially answered or unresolved by Erikson's theory. The present findings also raise more questions about how widowhood influences women's psychosocial development in various decades of life. Further research should follow these women into the next decade of life to monitor their psychosocial changes. More broadly, research into psychosocial development for older women is still in its early stages, and investigations should be conducted with larger and more diverse samples. The hope would be to determine how other social factors, like historical events, economic situation, or cultural background shape women's experiences.

Longitudinal research, especially that which extends into later life, has the methodological challenge of attrition. This was the case in the present study, as the elder group of women lost over half of its members over the course of ten years. While continuing to track these women over time provides extremely valuable information, the conclusions that can be drawn from this data are limited by the diminished size of the sample.
Another limitation of this study is the relative homogeneity of the sample, in that subjects were Caucasian, well educated and relatively healthy. Better understanding of women's development in late-life will come from further research utilizing diversified groups of women. Possible directions for future research include more directly studying the link between widowhood and psychosocial development, examining the loss of partners for lesbians, and understanding the developmental patterns of never-married women. A broader understanding of cohort effects in psychosocial development might come from exploring intergenerational similarities and differences between older women and their daughters and granddaughters. Psychosocial development of minority women is also a rich area of study. Both wide-ranging and more focused research questions should be explored in this relatively young topic matter. For example, African-American women of this cohort may have more caregiving responsibility, which can influence their psychosocial development.

This study adds to our limited knowledge of older women's late-life developmental issues. While this study is based primarily on Erikson's theory of psychosocial development, it also lends itself to a broader appreciation of women's unique late-life experiences.
References


Table 1

**Demographics for All Participants in 2001**

<table>
<thead>
<tr>
<th>Marital status*</th>
<th>70s (N = 20)</th>
<th>90s (N = 20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Divorced</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Widowed</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>Age</td>
<td>77.0 (3.9)</td>
<td>92.5 (4.6)</td>
</tr>
<tr>
<td>Education</td>
<td>15.0 (0.8)</td>
<td>14.0 (0.7)</td>
</tr>
<tr>
<td>Number of children</td>
<td>2.0 (0.5)</td>
<td>2.0 (0.5)</td>
</tr>
</tbody>
</table>

Note: The standard deviation appears in parentheses after the mean.

* p<.05
Table 2

Demographics for Participants Initially Recruited in 1991

<table>
<thead>
<tr>
<th></th>
<th>70s (N = 20)</th>
<th>90s (N = 8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital status *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Divorced</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Widowed</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Age</td>
<td>77.0 (3.9)</td>
<td>91.4 (1.5)</td>
</tr>
<tr>
<td>Education</td>
<td>15.0 (0.8)</td>
<td>13.9 (2.3)</td>
</tr>
<tr>
<td>Number of children</td>
<td>2.0 (0.5)</td>
<td>2.3 (1.0)</td>
</tr>
</tbody>
</table>

Note: The standard deviation appears in parentheses after the mean.

*p<.05
### Table 3

**Attrition-based Comparison for 1991 Sample of 80-year-old women**

*(Demographics and Significant MPD Results as T Scores)*

<table>
<thead>
<tr>
<th></th>
<th>Lost to attrition (N = 12)</th>
<th>Participating in 2001 (N = 8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>83.9 (3.2)</td>
<td>81.9 (2.1)</td>
</tr>
<tr>
<td>Education</td>
<td>14.5 (2.6)</td>
<td>15.0 (4.6)</td>
</tr>
<tr>
<td>Number of children</td>
<td>2.3 (1.2)</td>
<td>2.1 (1.1)</td>
</tr>
<tr>
<td>Trust/mistrust</td>
<td>45.8 (6.4)</td>
<td>45.9 (6.7)</td>
</tr>
<tr>
<td>Identity/confusion</td>
<td>42.7 (4.2)</td>
<td>40.5 (6.4)</td>
</tr>
<tr>
<td>Total positive scales</td>
<td>42.3 (5.2)</td>
<td>42.0 (6.2)</td>
</tr>
<tr>
<td>Total negative scales</td>
<td>42.9 (5.7)</td>
<td>42.8 (5.3)</td>
</tr>
<tr>
<td>Total resolution scales</td>
<td>56.6 (6.3)</td>
<td>57.1 (7.0)</td>
</tr>
</tbody>
</table>

Note: The standard deviation appears in parentheses after the mean.

No significant differences at the p<.05 level.
Table 4

Demographic Comparison of the 90-year-old Subjects Recruited in 1991 and 2001

<table>
<thead>
<tr>
<th></th>
<th>1991 (N = 8)</th>
<th>2001 (N = 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Divorced</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Widowed</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Age</td>
<td>91.4 (1.5)</td>
<td>93.3 (3.4)</td>
</tr>
<tr>
<td>Education</td>
<td>13.9 (2.3)</td>
<td>14.5 (2.4)</td>
</tr>
<tr>
<td>Number of children</td>
<td>2.3 (1.0)</td>
<td>2.2 (1.5)</td>
</tr>
</tbody>
</table>

Note: The standard deviation appears in parentheses after the mean.

No significant differences at the p<.05 level.
Table 5

*Measures of Psychosocial Development*

*Resolution Subscales and Summary Scales by Age Group*

<table>
<thead>
<tr>
<th></th>
<th>70s (N = 20)</th>
<th>90s (N = 8)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trust/mistrust</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>49.6 (7.0)</td>
<td>47.1 (7.0)</td>
</tr>
<tr>
<td>2001</td>
<td>48.8 (9.2)</td>
<td>49.4 (7.7)</td>
</tr>
<tr>
<td><strong>Autonomy/shame and doubt</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>48.0 (9.9)</td>
<td>46.2 (9.4)</td>
</tr>
<tr>
<td>2001</td>
<td>49.1 (8.5)</td>
<td>51.3 (6.5)</td>
</tr>
<tr>
<td><strong>Initiative/guilt</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>47.8 (8.9)</td>
<td>46.3 (6.9)</td>
</tr>
<tr>
<td>2001</td>
<td>44.9 (9.0)</td>
<td>42.0 (8.1)</td>
</tr>
<tr>
<td><strong>Industry/inferiority</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>45.1 (7.5)</td>
<td>41.3 (6.6)</td>
</tr>
<tr>
<td>2001</td>
<td>43.6 (8.3)</td>
<td>39.5 (6.4)</td>
</tr>
<tr>
<td><strong>Identity/confusion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>49.7 (5.5)</td>
<td>44.0 (6.8)</td>
</tr>
<tr>
<td>2001</td>
<td>50.0 (6.3)</td>
<td>48.8 (5.4)</td>
</tr>
<tr>
<td><strong>Intimacy/isolation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>48.7 (7.7)</td>
<td>47.4 (10.0)</td>
</tr>
<tr>
<td>2001</td>
<td>47.1 (7.5)</td>
<td>46.9 (4.8)</td>
</tr>
</tbody>
</table>
Table 5 (cont.)

<table>
<thead>
<tr>
<th></th>
<th>70s (N = 20)</th>
<th>90s (N = 8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generativity/stagnation *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>44.6 (6.5)</td>
<td>46.5 (6.1)</td>
</tr>
<tr>
<td>2001</td>
<td>42.3 (8.3)</td>
<td>39.9 (7.2)</td>
</tr>
<tr>
<td>Ego integrity/despair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>48.3 (7.4)</td>
<td>47.1 (8.6)</td>
</tr>
<tr>
<td>2001</td>
<td>46.7 (7.7)</td>
<td>46.5 (7.8)</td>
</tr>
<tr>
<td>Total positive scales *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>46.7 (9.1)</td>
<td>44.5 (6.7)</td>
</tr>
<tr>
<td>2001</td>
<td>43.3 (8.3)</td>
<td>40.1 (3.8)</td>
</tr>
<tr>
<td>Total negative scales</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>53.2 (5.1)</td>
<td>55.8 (7.4)</td>
</tr>
<tr>
<td>2001</td>
<td>53.0 (8.0)</td>
<td>53.5 (7.3)</td>
</tr>
<tr>
<td>Total resolution scales</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>46.3 (6.5)</td>
<td>43.6 (7.3)</td>
</tr>
<tr>
<td>2001</td>
<td>44.8 (8.1)</td>
<td>42.75 (5.6)</td>
</tr>
</tbody>
</table>

Note: The means of the T scores for the resolution and summary scales are given, followed by the standard deviation in parentheses.

* p<.05  Time of measurement difference
**Table 6**

*Measures of Psychosocial Development*

**Resolution Subscales and Summary Scales for 2001 Participants**

<table>
<thead>
<tr>
<th>Subscale</th>
<th>70s (N = 20)</th>
<th>90s (N = 20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust/mistrust</td>
<td>48.8 (9.2)</td>
<td>46.9 (7.4)</td>
</tr>
<tr>
<td>Autonomy/shame and doubt</td>
<td>49.1 (8.5)</td>
<td>49.4 (9.0)</td>
</tr>
<tr>
<td>Initiative/guilt</td>
<td>44.9 (9.0)</td>
<td>42.5 (6.4)</td>
</tr>
<tr>
<td>Industry/inferiority</td>
<td>43.6 (8.3)</td>
<td>39.5 (6.3)</td>
</tr>
<tr>
<td>Identity/confusion</td>
<td>49.6 (6.3)</td>
<td>46.3 (7.4)</td>
</tr>
<tr>
<td>Intimacy/isolation</td>
<td>47.1 (7.5)</td>
<td>45.8 (7.5)</td>
</tr>
<tr>
<td>Generativity/stagnation</td>
<td>42.3 (8.3)</td>
<td>41.8 (5.5)</td>
</tr>
<tr>
<td>Ego integrity/despair</td>
<td>46.7 (7.7)</td>
<td>45.3 (7.7)</td>
</tr>
<tr>
<td>Total positive scales</td>
<td>43.3 (8.3)</td>
<td>41.0 (4.9)</td>
</tr>
<tr>
<td>Total negative scales</td>
<td>53.0 (8.0)</td>
<td>54.9 (9.1)</td>
</tr>
<tr>
<td>Total resolution scales</td>
<td>44.8 (8.1)</td>
<td>43.9 (7.8)</td>
</tr>
</tbody>
</table>

Note: The means of the T scores for the resolution and summary scales are given, followed by the standard deviation in parentheses.
Table 7

ANOVA Summary Table: The Effect of Age Group and Time of Measurement on Measures of Psychosocial Development Resolution Subscales and Summary Scales

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>df</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Multivariate</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interaction</td>
<td>1, 26</td>
<td>.83</td>
<td>.61</td>
</tr>
<tr>
<td>Age</td>
<td>1, 38</td>
<td>.68</td>
<td>.72</td>
</tr>
<tr>
<td>TOM</td>
<td>1, 26</td>
<td>3.87</td>
<td>.01</td>
</tr>
<tr>
<td><strong>Univariate</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust/mistrust</td>
<td>1, 26</td>
<td>.14</td>
<td>.72</td>
</tr>
<tr>
<td>Autonomy/shame and doubt</td>
<td>1, 26</td>
<td>2.19</td>
<td>.15</td>
</tr>
<tr>
<td>Initiative/guilt</td>
<td>1, 26</td>
<td>4.97</td>
<td>.04</td>
</tr>
<tr>
<td>Industry/inferiority</td>
<td>1, 26</td>
<td>1.60</td>
<td>.22</td>
</tr>
<tr>
<td>Identity/confusion</td>
<td>1, 26</td>
<td>2.37</td>
<td>.14</td>
</tr>
<tr>
<td>Intimacy/isolation</td>
<td>1, 26</td>
<td>.40</td>
<td>.53</td>
</tr>
<tr>
<td>Generativity/stagnation</td>
<td>1, 26</td>
<td>11.62</td>
<td>.00</td>
</tr>
<tr>
<td>Ego integrity/despair</td>
<td>1, 26</td>
<td>.35</td>
<td>.56</td>
</tr>
<tr>
<td>Total positive scales</td>
<td>1, 26</td>
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<td>.05</td>
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<tr>
<td>Total negative scales</td>
<td>1, 26</td>
<td>.76</td>
<td>.39</td>
</tr>
<tr>
<td>Total resolution scales</td>
<td>1, 26</td>
<td>.54</td>
<td>.47</td>
</tr>
</tbody>
</table>